Youth Participant – Consent & Release of Liability Please Print and Provide All Information Requested

IMPORTANT: THIS DOCUMENT IS CONSENT AND CONTAINS A RELEASE OF LIABILITY. PLEASE REVIEW IT CAREFULLY.

Name of Participant	Participant's Date of Birth
Event Location	Team Name: Dates Participant Will Attend Event
In consideration of my participation, or my Child	d's participation, in Bible Quizzing or Games and its related activities elease of Liability. Attendance and participation in the Event hereby affirm
Release of Liability	
property damage and of personal injury, illness transportation—related activities, recreational activities and illness as a result of food-borne illness are, or my Child is, fully capable of safely particularly whether such risks are known or unknown to m EVA-Quiz-Games-n-Camp and its directors, even	cipating in the Event and I expressly assume all risks of my involvement, e at this time. I further generally release the host church, ent volunteers, and other participants at the Event, from any and all claim n or off Event grounds. This Release of Liability is given on behalf of
	be deemed advisable in the event of injury, accident and/or illness during of Participant (If none, "None" or "N/A"):
List any physical conditions (asthma, diabetes, "N/A"):	etc.) and/or any necessary medications of Participant (If none, "None" or
film images to be freely used for any legitimate assignees. I hereby authorize and consent to the EVA-Quiz-Games-n-Camp in its publications, we name and church name will be used. Also, I under the consensus of	es, my Child may be photographed. I agree to allow such photos, videos purpose by the host church and EVA-Quiz-Games-n-Camp and their le editing, reproduction, exhibition and use of said photographs/ videos by ebsites, social media and print media. If identification is made, only first derstand that my Child's First Name and Church Name (without Photo) on the host church web site, or other related publication.
signing below, I acknowledge that I have read a provided is accurate. If any portion of this Agree the remainder of this Agreement shall remain value.	ticipant named above, or the Participant's Parent/Legal Guardian. By and understand this document, and also represent that all information ement is determined to be invalid or unenforceable under applicable law, alid. I expressly agree that this Release is intended to be as broad and ase shall be governed by and interpreted in accordance with the laws of ct of law provisions.
Participant Signature	Date Signed
Printed Name	Phone Number/E-Mail Address
If Participant is under the age of 18:	
Parent/Legal Guardian Signature	Date Signed
Printed Name and Phone Number	Emergency Contact: Name and Phone Number