Orlando19 Release Form FOR THOSE 18+

July 30—August 3, 2019 | Tuesday—Saturday
ALL REGISTRANTS 18+ MUST COMPLETE THIS RELEASE FORM

www.youth.ag.org 417.862.2781 x4458

AGYM Release Form

ALL registrants 18 years old and older must complete this release form. Form must be fully completed to accurately match your form from your online account. Both signature lines on the back of this document MUST be signed.

How To Submit This Form

- OPTION 1: MAIL Send completed AGYM Release form to: AG Youth Ministries, ATTN: Orlando19, 1445 N. Boonville Ave. Springfield, MO 65802.
- OPTION 2: FAX Fax completed AGYM Release form to: 855.611.8959 ATTN: Orlando19.

Registrant Information:				
Full Name:				
Emergency Contact:			Phone number:	
First & Last Name & Relationship				###-###-####
*Authorized On-Site Representative:_			Phone number:	
	First & Last Name &	Relationship (*Must be accessible on-site)		###-###-####
Church Information:				
Church Name:				
Official Church/Org. Name, O	City, State	Official District Name		Senior Pastor First & LastName
Youth/Fine Arts Leader:				
First & Last Name			Phone: ###-####	
Mailing Address:				
Street, Apt. #, City, State, Zip			E-mail Address	

RISK ASSUMPTION AND MODEL RELEASE – REQUIRED FOR ALL REGISTRANTS

GENERAL RELEASE AND ASSUMPTION OF RISK

KNOWING THE RISKS THAT MAY OCCUR AT NATIONAL YOUTH CONVENTION/NATIONAL FINE ARTS FESTIVAL/NATIONAL A.I.M. TRIP (I.E. USE OF ELEVATORS AND ESCALATORS, SERVICES MAY CONTAIN LOUD NOISES, FLASHING LIGHTS, A HAZER/FOG MACHINE, AND OTHER MULTIMEDIA EXPERIENCES, CROWDED HALLWAYS, AND OTHER RISKS ASSOCIATED WITH LARGE EVENTS WITH OVER 10,000 ATTENDEES), I AGREE, ON BEHALF OF MY FAMILY, HEIRS, AND PERSONAL REPRESENTATIVES, TO ASSUME ALL THE RISKS AND RESPONSIBILITIES SURROUNDING MY PARTICIPATION IN THE ABOVE-DESCRIBED RISKS, BOTH KNOWN AND UNKNOWN. TO THE MAXIMUM EXTENT ALLOWED BY LAW, I RELEASE, HOLD HARMLESS, AND AGREE TO INDEMNIFY THE GENERAL COUNCIL OF THE ASSEMBLIES OF GOD, AND ITS AFFILIATED MINISTRIES, AND ANY ASSEMBLIES OF GOD CHURCH AND/OR DISTRICT COUNCIL, AND ANY ASSEMBLIES OF GOD SCHOOL, COLLEGE OR UNIVERSITY AND THEIR OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS, AND AGENTS, FROM AND AGAINST ANY PRESENT OR FUTURE CLAIMS, LOSSES, LIABILITIES, COSTS AND EXPENSES FOR INJURY TO PERSON OR PROPERTY, OR FOR ANY OTHER DAMAGE, WHICH I MAY SUFFER, OR FOR WHICH I MAY BE LIABLE TO ANY OTHER PERSON, RELATED TO MY PARTICIPATING IN SAID ACTIVITIES, RESULTING FROM ANY CAUSE, INCLUDING BUT NOT LIMITED TO MY NEGLIGENCE OR ON THE PART OF ANY OF THE RELEASED PARTIES: PROVIDED THAT THIS RELEASE OF LIABILITY SHALL NOT APPLY TO GROSS NEGLIGENCE OR WILLFUL OR WANTON MISCONDUCT. THE AUTHORIZED ON- SITE REPRESENTATIVE IS RESPONSIBLE FOR OBTAINING PROPER MEDICAL FORMS FOR EACH STUDENT AND OTHER LEADERS.

MODEL RELEASE

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, i hereby grant to the General Council of the Assemblies of God, of Springfield, Missouri, the absolute and unqualified right and permission to copyright (in its own name or otherwise), reproduce, publish, distribute and otherwise use or exploit, photographs, motion pictures and other audiovisual works (including works recorded in digital media) of me or in which i may be included whether taken in a studio or elsewhere, alone or in conjunction with other persons or characters, in any part of the world, and to make similar uses of any reproductions of my voice. This authorization and consent includes any use of such photographs, motion pictures, audiovisual works or voice reproductions without regard to any distortion, alteration, or retouching whether intentional or otherwise. The use and exploitation hereunder may be in any medium now or thereafter known or developed for illustration, promotion, advertising, trade or any other purpose whatsoever, whether accompanied by printed matter or otherwise.

I hereby waive any opportunity or right which I may have to inspect or approve the finished photographs, films, tapes, or digital data, the use to which they may be put, any copy, photographs, illustrations or other material used in connection therewith or the final product in which they may be used or incorporated.

I hereby waive, release and discharge from any claim, demand, action or suit which i may have or which may be derived through me for libel, defamation, invasion of privacy or any violation of any right to publicity or any other right which i may have arising out of the publication or use of such photographs, motion pictures, audiovisual works and voice reproductions. I hereby warrant that i have the full right and authority to execute this release; that I have read and understand the above release; that I am executing this release as my own free act and deed; and that this release shall be binding upon me, my heirs, legal representatives and assigns.

I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.

I expressly agree that this assumption of risk, release, and indemnity agreement and model release is intended to be as broad and inclusive as permitted by law. I further state that I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS AGREEMENT AS MY OWN FREE ACT.

I certify that I am age 18 or older. I understand and agree that no oral or written representations can or will alter the contents of this document. This Agreement shall be governed and construed in accordance with the laws of the State of Missouri, excluding its choice of law rules, and all claims relating to or arising out of this Agreement, including claims for injuries or wrongful death in any way related to the above-described activities, shall likewise be governed by the laws of the State of Missouri, excluding its choice of law rules.

REGISTRANT signature (Required for all registrants)	Date				
Your signature indicates that you have completely read and understand all applicable Orlando19 activity rules; NFAF rules, guidelines,					
assumption of risk, medical release, accept said statements and docu	iments, and will abide by them.				
PASTOR/ADULT LEADER signature (Required for all Participants)	Date				
Your signature indicates approval of this registrant's participation in Orlando19, and agree that he/she meets all rules and guidelines					
for the event and each add-on. If registrant is a leader, you acknowle	edge that you have performed appropriate background checks				
and/or screenings. If registrant is a Fine Arts, or Kappa Tau Participal	nt you confirm good standing with your church, ministry, school,				
or student group. Trip leaders from the church each participant is re	gistering under are responsible for obtaining proper forms for				
each student and other leaders.					