

Youth Convention 2018

April 20-21, 2018

Student Ministries Permission Waiver

SNE Ministry Network, PO Box 535, Sturbridge, MA 01566-0535

STUDENT WAIVER

Student's Full Name _____ Student's DOB: _____

Student's Address/City & State: _____

Church Name _____ City & State: _____

Church Telephone: _____ Church Fax: _____

Youth Pastor/Youth Convention Group Leader: _____

Daytime Telephone: _____ Email Address: _____

I understand and certify that my child's participation in SNE Ministry Network Youth Convention is completely voluntary and I have familiarized myself with the program activities and give my permission for my child to participate in this program and activities. I acknowledge that although SNE Ministry Network has taken safety measures to minimize the risk of injury to program participants, SNE Ministry Network does not guarantee that the participants' equipment, premises and or activities will be free of hazards, accidents and/or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by the rules, regulations, and procedures for the safety of the program participants.

I acknowledge that by signing this document, I am agreeing to release the Southern New England District of the Assemblies of God, its employees, staff and volunteers from liability for any and all causes of action damages and claim for any personal, bodily, emotional or other injury, illness or death to my child or me during attendance at the SNE Ministry Network Youth Convention.

Parental/Guardian Signature: _____

Parental/Guardian Name (Print): _____ Emergency Contact Number: _____

PRICING

\$55
Before April 5th

\$60
Before April 19th

\$65
At the door

\$35
Leader Fee

Register online by going to www.snemn.com then complete Student Waiver and bring to Youth Convention Check-In. You will not be allowed into Youth Convention without this completed form.

For any questions, please contact Shanon McCune at Shanon@snemn.com or at 508-248-3711, Ext. 729.

Southern New England Ministry Network

Photo & Video Release Form

I hereby grant the Southern New England Ministry Network permission to the rights of my image, likeness and sound of my voice as recorded on audio or video without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording.

I agree that the Southern New England Ministry Network may use such images, video and/or audio of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to bound thereby. I hereby release, defend, hold harmless and indemnify the Southern New England Ministry Network from any and all claims for utilizing this material.

Child's Full Name: _____

Street Address/PO Box: _____

City: _____ State/Province: _____ Postal/ZIP Code: _____

Phone Number: _____ Email Address: _____

Child's Signature: _____

If this release is obtained for someone under the age of 18, then the signature of that person's parent or legal guardian is also required.

I verify that I am the parent/guardian of the minor named above and have the legal authority to execute the above release. I have read this release and fully understand its contents. I approve the foregoing and waive any rights in the premises.

Parent/Legal Guardian Signature: _____ Date: _____