**PARTICIPANT INFORMATION**

Starred (\*) information is needed.

\*Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*DOB: \_\_\_/\_\_/\_\_\_

\*Street and House Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Zip: \_\_\_\_\_\_\_\_\_\_\_

\*Ph. #: (\_\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_ Alt. Ph. # :(\_\_\_\_\_\_) - \_\_\_\_\_\_-\_\_\_\_\_\_\_

Gender: ☐ M ☐ F Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Parent/Guardian (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Phone: # :(\_\_\_\_) - \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

**Legal Release**: In order to participate in this activity, I agree to hold New Visions Ministry, any promoters, ofﬁcials, advertisers, property and property owners harmless, and I waive any right to make claims or lawsuits against them. I understand and acknowledge that the activities I am about to voluntarily engage in as a participant have certain risks. I understand that these risks known or unknown, anticipated or unanticipated may also result in injury, death, illness, or damage to myself or my property or other third parties. I voluntarily agree and promise to accept and assume all responsibilities, and injuries, death, illness, or damage to myself or my property arising from my participation in this activity. My participation in this activity is voluntary and no one is forcing me to participate in spite of the risks. I understand the effect of this waiver and acceptance of risk on my legal rights.

\***Marketing Release**: Throughout the year pictures and videos are taken to record sessions, programming, events and competitions. New Visions Ministry is often asked to share media at conferences, workshops, advertising outlets, Facebook, and Twitter. I give New Visions Ministry permission to take pictures or videos of myself and/or my child at New Visions Ministry’s location for the above stated purposes.

\***Programming Release**: As a part of New Visions Ministry programming, anonymous and conﬁdential questionnaires and assessments may be administered to determine program effectiveness. By signing this agreement I give consent for myself and/or my child to participate in New Visions Ministry programming and to complete these questionnaires and assessments. I understand that the results will be used for presentation, publishing, and fundraising purposes. I also understand that myself and/or my child’s identity will be kept conﬁdential in presentation, publishing, and fundraising mediums.

**\*Conclusion**: My signature indicates that I have read this entire document, understand it completely, acknowledge that it cannot be modiﬁed or changed in any way by oral representations, and agree to be bound by its terms. This agreement shall be binding on behalf of myself, my heirs, assigns, personal representative and estate.

\*SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If participant is under 18 years old, this release must be notarized.

PARENT/GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_