



UNASHAMED YOUTH PERMISSION SLIP: SoCal Students Youth Convention 2024

ACTIVITY INFORMATION (TO BE COMPLETED BY THE ACTIVITY SPONSOR)

Name of sponsoring organization: Living Word Assembly Unashamed Youth Ministry

Address: 11887 Telephone Avenue, Chino, CA 91710 **Phone:** (909) 465-9500

Name of sponsor’s coordinator: Angie Garrison, Alexis Pen, Steven Duenas **Phone:** Angie (951) 313-3432 Alexis (909) 262-9490 Steven (909) 202-5823

Description of Activity: SoCal Youth Convention

Date(s) and location of activity: Friday, April 19th (4p) – Sunday, April 21st(4p)

Town & Country 500 Hotel Cir N, San Diego, CA 92108-3005 (619) 291-7131

PARTICIPANT INFORMATION (TO BE COMPLETED BY PARTICIPANT OR AUTHORIZED GUARDIAN)

Name of participant: _____

Name of parents/guardians: _____

Address: _____ **Phone:** _____

Name of emergency contact: _____

Telephone (daytime) _____ **Telephone (evening)** _____

List allergies or medical conditions: _____

Is sponsor approved to approve medical treatment? **Yes** **No**

IS participant covered by personal/family medical insurance? **Yes** **No**

If yes, name of insurer: _____

Policy or group number: _____

Participation Agreement

I acknowledge that participation in the activity described above involves risk to the participant (and to the participant’s parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in the activity described above (the “activity”), the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with the participation in and transportation to and from the activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the

participant that is authorized by the sponsor or its agents, employee, volunteers, or any other representatives (collectively referred to as the "activity sponsor"). Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the activity sponsor for any injury directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the participant (parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant, (or parent/guardian) and the activity sponsor cannot agree upon such process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

Signature Parent/Guardian: _____ **Date:** _____