

## Living Stones '09 Registration Form

Please print this form, write legibly, and mail with your registration deposit of \$30.00 (non-refundable and non-transferable) by Feb. 7 (no exceptions) to: InterVarsity Christian Fellowship 2651 Tuckahoe Rd, Wooster, OH 44691

Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip Code \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_  
 Email \_\_\_\_\_  
 Name of School \_\_\_\_\_  
 Year in School: HS 1 2 3 4 5+ Grad Volunteer  
 Gender: M F  
 Vegetarian: Y N  
 Ethnic Identity (for statistical purposes): African American  
 Asian American European American Hispanic  
 American  
 Native American Multiracial Other  
 International Student (country): \_\_\_\_\_

<b>Conference Fee (postmarked by Feb 7, 2009)</b>	
unsubsidized rate	\$120
subsidized rate	\$95
(postmarked between Feb 8-10)	\$140
Amount enclosed: \$ _____ (no less than \$30 registration fee)	
Balance due at conf:	
For Office Use only:	

**Individual Release Important! Please read, fill out and sign!**

1. In consideration for being accepted and allowed to participate in this conference/project and activities associated with its program and location, I personally assume responsibility for my actions, and release InterVarsity Christian Fellowship/USA® (hereafter InterVarsity®), its Trustees, employees and agents from loss, injury or damage to myself or my property; provided that nothing contained herein shall excuse InterVarsity, its Trustees, employees or agents from responsibility to act with reasonable care for the safety of myself or my property.
2. I give permission to InterVarsity to be photographed, recorded, and/or video taped and to allow this material to be used for publicity.
3. I give permission to InterVarsity to obtain medical assistance in the event of an emergency. This permission will include the administration of medicines, surgical treatment, X-ray examination or hospitalization as might be ordered by a licensed medical doctor. I release and discharge InterVarsity, its trustees, employees, and agents from any liability for any first aid rendered or treatment performed pursuant to this consent.
4. I understand that InterVarsity has a hostage policy that states that InterVarsity should not yield to demands, including the payment of ransom or other extortion, issued through the use of hostage taking or extortion.
5. If I am under age 18 (if you are, please check here \_\_\_), I state that I am a mature minor (of college age and living away from parent/guardian) and have the capacity to consent to the terms of this Release.

**For persons under the age of 18** (19 in Alabama) and not living away from parent/guardian:  
 I, the undersigned parent or legal guardian of the above person, consent to the above named person's participation in this activity and agree to the terms of this release.

Signature \_\_\_\_\_  
 Name (printed) \_\_\_\_\_  
 Date Signed \_\_\_\_\_

6. Any claim or dispute arising from or related to this release shall be settled by mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation, a division of Peacemaker® Ministries (complete text of the Rules is available at [www.HisPeace.org](http://www.HisPeace.org)),

subject to provisions of federal, State and local law governing arbitration, including, but not limited to jurisdiction and allocation and payment of costs. Judgment upon an arbitration decision may be entered in any court otherwise having jurisdiction. These methods shall be the sole remedy for any controversy or claim arising out of this release and I expressly waive my right to file a lawsuit in any civil court against InterVarsity for such disputes, except to enforce an arbitration decision. I certify that I am competent to sign this Release, and have done so voluntarily.

\_\_\_\_\_

**Signature of Participant**

\_\_\_\_\_

Print Name of Participant Date

Emergency Contact (Print Name)

\_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

College or Health Insurance Company name, policy holder and policy number of policy covering Participant:

**Allergies or medical conditions** staff should be aware of to avoid problems and to assure proper emergency action.  
 None [ ] or List

Names of any **medications** being taken or have been taken in past month.  
 None [ ] or list

**Food restrictions** that staff should be aware of to avoid problems.  
 None [ ] or list