



Saturday, January 30th, 2010
South Seneca Elementary School
8326 Main Street, Interlaken, NY 14847

More information Call:
607.869.5404

REGISTRATION FORM

First name: _____ Last name: _____
Church you attend: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: () _____
DOB: _____ - _____ - _____ M/F: _____ Parent/Guardian: _____

The release form on the back of this sheet **MUST** be signed by a parent or guardian and submitted with the registration form.

Mail your completed registration and release forms to:

Seneca Community Church
5738 State Route 96
Romulus, NY 14541

(Preregister by January 20th, 2010 and be entered into a drawing to win a free iPod Shuffle)

RELEASE OF ALL CLAIMS:

In consideration for being accepted by Seneca Community Church for participating in Alive Between the Lakes 2010, we (I), being 18 years of age or older, do for ourselves (myself) (and on behalf of my child, if said child is not 18 years of age or older), hereby release, forever discharge and agree to hold harmless Seneca Community Church and the directors thereof, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever, which may be incurred by the undersigned and the child that may occur while said child is participating in the above-described activity. Furthermore, I (we) (and on behalf of our child if under the age of 18 years) hereby assume all risk of personal injury, sickness, death or damage as a result of participation in recreational and work activities therein. The undersigned further hereby agree to indemnify said ministry, its directors, employees and agents, for any liability sustained by said ministry as the result of the negligent, willful or intentional acts of said participant. (If the participant has not attained the age of 18 years:) We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said activity, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, and assume the responsibility of all medical bills, if any.

**** (Only participant need sign if 18 years or older. If under 18, at least one custodial parent must sign.)**

Parent's name _____ Parent's signature _____

Date _____ Participant's name _____

Participant's signature _____ Date _____

Please fill out and turn in to your Youth Leader or mail it to the address above.