



The Forge Conference General Liability Release, Medical Authorization and Photo Release Form

While the staff at Lincoln Christian University strives to maintain a safe and healthy environment for all guests, occasional injuries or illnesses require medical attention. We are asking you to sign the permission form below so that we may provide the best possible care for your son/daughter. We will make every attempt to contact the parent/legal guardian before seeking treatment.

General Liability Release:

As a parent/legal guardian of the named campus visitor below, I agree to limit the liability of Lincoln Christian University, its employees and student hosts. I agree to waive all liability of Lincoln Christian University, its employees and student hosts for any accident, injury, illness or other mishaps which might befall the below named guest while during his/her attendance at The Forge Conference.

Statement of Health and Authorization for Medical Treatment:

We, the undersigned parents/legal guardians of _____, a minor (Guest), do hereby certify that said minor is in good physical and mental health, is physically and mentally able, and has permission to participate in all The Forge Conference activities. We further agree to advise Lincoln Christian University **IN WRITING** of any changed medical condition between the time of registration and the time of The Forge Conference. We further authorize the Vice President of Enrollment Services or the Associate Director of Enrollment Services or his/her designee to authorize medical treatment for said minor. We agree to be responsible for all costs incurred for this treatment. I give permission for Lincoln Christian University to authorize necessary emergency medical treatment for my child in the event that I am not available to give such consent.

Emergency Contact:

Name: _____ Relationship: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Insurance Information: Must be completed in order to attend The Forge Conference. The above named student will be covered by his/her personal, family accident or illness insurance.

Name of Insurance Provider _____

Policy Number: _____

Photo Release:

I grant to Lincoln Christian University, the unrestricted right to use and publish photos taken at The Forge Conference of Guest for editorial, trade, advertising, and any other purposes and in any manner and medium; and to alter and composite the same without restriction and without my inspection or approval. I hereby release Lincoln Christian University, and any parties contracting with the institution, from all claims and liability relating to said photographs.

*This form consisting of a liability release, a statement of health, authorization for medical treatment and photo release **MUST BE SIGNED BY BOTH PARENTS** if the parents are married. If the parents are divorced, then this form must be signed by the custodial parent as provided for in the Judgment of Dissolution of Marriage. If the minor is being raised by a*

single parent or a legal guardian, then the custodial single parent or the legal guardian(s) must sign. This release shall be binding upon me, my heirs and legal representatives.

Signature of Parent or Guardian: _____ Date: _____

Printed Name: _____

Signature of Parent or Guardian: _____ Date: _____

Printed Name: _____

Tell us more about you!

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

Academic Interests: _____

Activities/Interests: _____