



SATURDAY, SEPTEMBER 22, 2018 - 12:30 - 8:30 PM

YOUR LOVE DEFENDS ME

WHAT: FUN ACTIVITIES.
DYNAMIC SPEAKERS.
POWERFUL WORSHIP.

WHO: 6TH-12TH GRADE STUDENTS

LOCATION: THE PALACE THEATER IN
DOWNTOWN BRYAN, TX

COST: \$25 TO YOUTH MINISTER
\$30 ONLINE
\$40 AT-THE-DOOR

INCLUDES: T-SHIRT, MEAL, &
REVIVE WATER BOTTLE

SPEAKERS: ALI HOFFMAN
+ JOHNNY PHILP

HOST: BECKA LANDRY
MUSICIAN: DAVE MOORE

If you have any questions, please contact Taylor Schroll or call (979) 485-9910 ext 707 (or taylor@ablazeyouth.org)



Parental Consent for Youth to Participate in Event, Emergency Medical Information, & Release

Event: Revive Youth Rally **Date of Event:** September 22, 2018

Participant: _____ Email: _____

Grade ('18-'19): _____ Gender: _____ Date of Birth: _____ T-Shirt Size: _____

Parish/School: _____ City of Parish/School: _____

Parents/Guardians: _____ Parent Email: _____

Parent Phone: _____

I, the parent or legal guardian of the participant, having full authority under the law, do grant permission for the participant to attend the Event. I acknowledge and agree that: the participant voluntarily seek to attend this Event; the Event may involve physical activity that involves risk of injury; the participant and I will abide by all policies and rules established for the Event and instructions of those persons facilitating, organizing, or overseeing the Event; the participant and I are responsible for the participant's conduct; and if the participant's conduct is inappropriate, unsafe, or detrimental to the event, other participants or persons, then the Parish/School, Catholic Diocese of Austin, or Ablaze Ministries may suspend or expel the participant from the Event and future Events.

To the extent permitted by law, I release and agree to indemnify and hold harmless Ablaze Ministries, the Parish/School, the Catholic Diocese of Austin, including their employees, contractors, clergy, agents, facilitators, and volunteers, and the transportation provider (if applicable) from any and all liability, claims, demands, or costs which may arise as a result of participant's attendance at the Event or which is, in any way, related to such participation. The paragraph covers loss under any theory of loss (negligence or otherwise) including but not limited to personal injury or property damage. The participant and I assume all risk of injury or loss to themselves or their property.

Parents/Guardian Signature: _____ Date: _____

Participant Signature: _____ Date: _____

Emergency Contact (other than parent): _____

Phone: _____ Relationship to Participant: _____

Participant has the following conditions (allergies, medical conditions, etc.):

Please sign the back of this form and return to your youth minister



I, _____ (youth) , consent and give permission to allow Ablaze Ministries and all persons acting under its permission or authority, the right to photograph and video record me and to transmit, use, copy, publish, copyright, distribute, and display photographic portraits, photographic likenesses, or pictures, or video recordings of me in connection with exhibitions, publicity, advertising, educational, and promotional materials, including broadcast over the Internet or television or similar media without reservation or limitation. I may be included in the video broadcasts, portraits, or photographic likenesses or pictures in whole or in part, in composite or distorted form, with or without my name, in color or otherwise, made through any medium.

I waive any right that I may have in regard to Ablaze Ministries video recordings, photographic portraits, or photographic likenesses or pictures, including the right to any royalty and the right to inspect or approve any finished product or the advertising or other copy that may be used in connection with a product or the use to which it may be applied, including the right to post or publish on the Internet.

I release and discharge Ablaze Ministries, its successors and assigns and all persons acting under its permission or authority, from any claim or cause of action, now known or later discovered, for, among other things, invasion of privacy, right of publicity, and defamation arising out of the use and exploitation of the photographic portraits, photographic likenesses, or pictures, or video recordings of me.

Further, by signing this consent, waiver, and release form, I acknowledge that I understand and agree to the above request and conditions. I sign this form freely and without inducement. By signing this form, I represent and warrant that I am over 18 years of age. Or, if under 18, have parent or guardian sign: By signing this form, I represent and warrant that I am the legal parent or guardian of _____ and that I sign on behalf of them.

Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Phone: _____