

WORSHIP DANCE CONFERENCE LIABILITY WAIVER

~Jubilate Worship Dance Conference ~

March 12, 13, 2010

Amount Enclosed _____

All parents or adult participants must sign this form. When registering online, fill this form out and mail with your payment to: Jubilate Worship Dance Conference, 2908 Bells Pointe Court, Apex, N.C. 27539. Thank you.

Parent, Legal Guardian, or Adult Participant

Full Name of Child

Home Address (Street or P.O. Box, City, State, Zip Code)

Home Phone

Work Phone

Insurance Carrier

Policy Number

Insurance Phone Number

I give permission for my minor child (or myself) to take part in all activities of the Jubilate Worship Dance Conference being held at St. Francis United Methodist Church.

I hereby release Jubilate School of the Arts, St. Francis United Methodist Church, White Plains United Methodist Church, its employees, volunteers, and board members from any and all liability, cost, or expense associated with an injury my child (or I) may sustain while participating in the worship dance conference.

In event that the person(s) listed below cannot be contacted for the health and well being of my child, (or myself) I hereby authorize the Director or Instructor of the Worship Dance conference to authorize whatever medical treatment that might be necessary in an emergency situation. I understand that I and my medical insurance carrier are financially responsible for any medical treatment extended to my child, (or myself) and that Jubilate School of the Arts, St. Francis United Methodist Church, and White Plains United Methodist Church, its agents or representatives, cannot be held accountable for such medical treatment.

I give permission to use any photo or video in which my child (or I) appears for promotional and/or ministry purposes.

Signature

EMERGENCY CONTACTS:

Name

Relationship

Address (Street or P.O. Box, City, State, Zip Code)

Home Phone

Cell Phone

Name

Relationship

Address (Street or P.O. Box, City, State, Zip Code)

Home Phone

Cell Phone