

FEBRUARY 17-20, 2012

UNDER 18 REGISTRATION

ORLANDO REGISTRATION

FAS'IBREAK



IGNITE YOUR FAITH THROUGH WORSHIP, SPEAKERS, AND TRAINING!
MAKE NEW FRIENDS AND HANG OUT WITH YOUR OLD FRIENDS!
LEAVE ENCOURAGED AND READY TO MAKE A DIFFERENCE IN YOUR WORLD!



WHERE: Word of Life Camp Hudson, FL
PRICE: \$50 registration fee (see below for total cost).
WHEN: Friday, February 17th to Monday, February 20th.
HOW DO I REGISTER: Fill out & return form with your \$50 registration fee to your SV/Youth leader or mail it to:

Student Venture Orlando
860 Magnolia Creek Circle
Orlando, FL 32828

**Sign up
by 1/31/11 &
SAVE \$20**

Or register online:
www.svorlando.com

Personal Information: Male Female

Name _____

Address _____

City/State/Zip _____

Email Address _____

Phone Number (area code + phone number) _____ Birthdate (mm/dd/yy) _____

School, Graduation Year _____

T-Shirt Size: Small Medium Large XL XXL

Name of Student Venture/Youth Leader _____

Church or Group _____

CCC Staff Account # (Staff discount is determined by registration date)

check enclosed (make checks payable to Student Venture)

Check All That Apply

Volunteer CCC Staff Kid Youth Leader College Student

PAYMENT INFORMATION

Your postmark date determines your price.
All registrations include a non-refundable \$50 deposit.

____ **Early Bird Registration - \$169**
(Send \$50 deposit and post mark by 1/31/11)

____ **Regular Registration - \$189**
(Send \$50 deposit and post mark by 2/14/11)

Make check out to "Student Venture"
Transportation is included in the cost of the conference

Last Day to Mail Registration - 2/14/11
After 2/14/11 turn in registration to SV/Youth leader or register and pay online (see websites above)

Registration is valid ONLY when all information is provided and form is properly signed.

MEDICAL HISTORY/CONSENT FORM (Minor/Under 18 years old) Location: Florida

Date: _____ Name of Student: _____

Emergency Contact Name: _____ Phone Number(s): _____

Name of primary care physician: _____ Phone number: _____

Name of Health Insurance Provider: _____ Policy Number: _____

Medical Conditions: _____

Allergies: _____

Current Medications: _____

Physical Impairments: _____

Other Pertinent Information: _____

I, (name of parents or guardian): _____ of the undersigned, of (address): _____ City of _____, County of _____, State of _____ am the parent or other legal guardian of (name of child) _____ a minor of _____ years of age, of (address): _____ City of _____, County of _____, State of _____ (referred to herein as "Minor").

In the event of any accident, sudden illness, or medical emergency involving aforesaid minor, I hereby authorize the following staff members of Campus Crusade for Christ, Inc. Ken Vensel, Jana Vensel, Debra Burns, Christine Kennedy, Collin Outerbridge, Vicki Foley, Bethany McKinley, Justin Young, Jeremy Absher, Shannon Absher, Scott Birdsell, Kaye Birdsell, Jeannine Birdsell, Laurie Johnson, Katrina Los, Dustin Janney as adult person(s) into whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, deemed to be necessary by a licensed physician. This authorization is limited to the following dates: 2/17, 2012, through and including 2/20, 2012.

Signed - Parent/legal guardian: _____ Date: _____

RECREATIONAL ACTIVITY LIABILITY RELEASE AGREEMENT (Under 18 years of age)

The minor, _____ (herein "Participant"), wish to participate in a recreational activity (herein the "Activity") sponsored by Student Venture, a ministry of Campus Crusade for Christ, Inc., a California non-profit religious corporation (herein the "Ministry"). This Activity is scheduled to take place from 2/17, 2012 to 2/20, 2012. Ministry, Participant, and Participant's parent(s)/ legal guardian(s) (herein "Guardian") agree that the Activity poses potential **Risks**. "**Risks**" include, but are not limited to, the following: Encountering or experiencing sickness, illness, disease, accident, injury or damage to Participant's person or personal property, or even death both during Activity and while traveling by plane, bus, train, car, truck, van or any other vehicle to and from the Activity location; Any and all inherent risks associated with travel or participating in Activity; Loss or destruction of Participant's personal property; Head trauma; Broken bones; Injury to or loss of limbs; or Medical complications related to a pre-existing condition of which Ministry was unaware. For and in consideration of Ministry allowing Participant to participate in the Activity and other good and valuable consideration the receipt and sufficiency of which is acknowledged, Participant and Participant's personal representatives, assigns, heirs, distributees, guardians and next of kin (herein the "Releasers") release, waive, discharge and covenant not to sue Ministry and its officers, employees, and agents (herein the "Releasees"), from all liability to the Releasers, on account of injury to Participant or death to Participant or injury to the property of Participant, **whether caused by the negligence of Releasees or otherwise**, while Participant is participating in the Activity.

Participant and Guardian are fully aware of the Risks and other hazards inherent in the Activity and are allowing Participant to participate in the Activity, and voluntarily assumes the Risks and all other risks of loss, damage, or injury that may be sustained by Participant while participating in the Activity. Participant and Guardian acknowledge that as a part of this Release they shall be 100% liable to pay for all medical expenses resulting or to result from any injury incurred during, or as a result of, participation in the Activity. Furthermore, Participant and Guardian understand that Participant's voice or image may be recorded at this Activity or in travel to and from the Activity location. Participant and Guardian irrevocably grant to Ministry the perpetual, royalty free license and permission to use, reuse, publish, republish Participant's voice, likeness and photograph, and to the extent provided by Participant, name and biography, as included in video or audio recordings or photographs from the event, in whole or in part, at Ministry's sole discretion, in conjunction with the Ministry Uses and promotion thereof. Ministry Uses include, but are not limited to, DVDs, photographs, cassettes, compact discs, transcripts and publications in written, electronic, digital and other formats now existing or later developed for sale, license, distribution, transmission or posting or download from the Internet.

Participant and Guardian warrant that they have fully read and understand this Liability Release Agreement and voluntarily sign the same, and that no oral representations, statements or inducements apart from the foregoing written agreement have been made to Participant or Guardian.

CAUTION: READ BEFORE SIGNING

Date: _____

Participant Signature

Please Print Name

Signed- Parent/legal guardian

Please Print Name