

**ALIVE YOUTH RALLY - Activity/Emergency Contact Form**

I, the Undersigned, am the parent or guardian of \_\_\_\_\_ (please print clearly) and provide consent for my minor child (party under the age of consent in the State of South Carolina) to participate in the ALIVE YOUTH RALLY ("ALIVE") at the Spartanburg Seventh-day Adventist Church ("Church") in Spartanburg, SC on March 1-2, 2024.

I acknowledge and agree that the nature of participation in ALIVE may involve (a) physical activity, (b) contact with unfamiliar persons but those granted permission to be on premises of the Church, and (c) other potential risk of injury. Notwithstanding the preceding sentence, I willingly and freely agree to have my minor child participate in ALIVE and hereby assume any and all risk, and agree to release the Church from all liability for such risk, including without limitation risk of any accident, injury, illness or death to person or property which my child may sustain, in connection with participation in ALIVE or in any ALIVE-related project or activity.

The Undersigned hereby grants to the Church the unqualified and perpetual right to use, and consents to the use of, the name and likeness of the above-named child in connection with the use by the Church of photographs and/or video worldwide and in any and all media, including, by way of illustration, but not limited to, the display of still photographs, the inclusion on the Internet (i.e. website or social media) and the preparation and dissemination of any advertising and promotional materials used to promote ALIVE.

In case of emergency, the Undersigned understands that every reasonable effort will be made to contact him/her. In the event that the Undersigned cannot be reached, the Undersigned gives permission for the above-named child to be given emergency medical treatment and/or transportation to emergency medical care if necessary in the event of accident, injury or sudden illness while said minor child is a participant in ALIVE. The Undersigned agrees to accept all financial responsibility for any such emergency medical treatment and transport. The Undersigned also agrees to provide the following medical information:

Please state any current medical problems:  
(If none, state "none".) \_\_\_\_\_  
\_\_\_\_\_

Please note any medications currently taken by your child:  
(If none, state "none".) \_\_\_\_\_  
\_\_\_\_\_

Please state any restrictions and/or limitations to physical activity:  
(If none, state "none".) \_\_\_\_\_  
\_\_\_\_\_

Date of Last Tetanus Booster: \_\_\_\_\_ Allergies to Drugs or Food: \_\_\_\_\_  
Family Physician and Phone #: \_\_\_\_\_  
Insurance Provider: \_\_\_\_\_  
Insurance Policy #: \_\_\_\_\_

The Undersigned further acknowledges that he/she has read this Consent (or has had the Consent read to him/her) and fully understand each and every one of the provisions in this release and hereby voluntarily gives his/her express consent and agreement to abide by the terms of this Consent as further indicated by his/her signature below.

Parent/Guardian Signature: \_\_\_\_\_  
Printed Parent/Guardian Name: \_\_\_\_\_  
Parent/Guardian Telephone Number: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_  
Emergency Contact Telephone Number: \_\_\_\_\_

**You may fax this form to: 864-576-2247 or scan and email it to [info@alivesc.com](mailto:info@alivesc.com), after registering Attendee, and we will have it with their registration.**