



Adult Participant Registration Form

Each participant must have a completed and signed registration form on file before the conference begins. The cost of the conference is \$100 per participant until July 1. There is a \$25 per person discount for families with multiple participants. Please mail your completed forms and payment to Spark Conference, Judson College, 302 Bibb Street, Marion, Alabama 36756. Please make checks payable to Judson College.

Adult Participant's Name

T-Shirt Size

Email Address

Phone Number

Mailing Address

Group Name (if applicable)

Please list the names of the students in your group or attach a group registration form.

Would you rather spend the night with another group leader or with your daughter?

(Please indicate your daughter's name or an adult leader you'd like to request as a roommate. A limited number of private occupancy rooms are available to adult leaders for \$25 per night.)

If we need to transport students to a community service project, would you be comfortable driving any student, driving only the students you brought to the conference, or driving no students?

Do you have any allergies or special dietary restrictions? (If yes, please list.)

Do you have any other medical conditions? (If yes, please list.)

Do you currently take any medications? (If yes, please list.)

Is there anything else we should know about you or your group?

Liability Waiver, Hold Harmless and Indemnity Agreement and Release, and Other Permissions for Adult Participants

In exchange for the opportunity to participate in the Spark Conference at Judson College on Thursday through Saturday, July 11-13, 2019, I agree to hold Judson College and its agents and employees harmless for any liability for personal injury or other damages which may occur as a result of my participation, whether by negligence or otherwise. I understand that any physical activity involves a risk of injury, and I voluntarily choose to participate in spite of such risk. I assume full responsibility for any harm, injury, or property damage which I may suffer as a result of my participation in this event and any of its activities.

If I should need emergency medical treatment while participating in the Spark Conference at Judson College and I am not able to make medical decisions, I authorize any employee or agent of Judson College to make decisions related to emergency medical care. I agree to be responsible for the cost of any medical treatment provided. I certify that, to the best of my knowledge, I have no medical, physical, or emotional condition which will make it unsafe to participate in the events and activities associated with the conference.

I understand that I may be photographed during the conference for print, video, or electronic imaging to be used in promotional materials, news releases, and other formats. I give consent to be photographed and for the resulting images to be used in this way. I acknowledge that any images created during the conference will be the sole property of Judson College.

I have read and understand this statement, and I agree to participate in the Spark Conference and its associated events and activities at Judson College, subject to its provisions.

Adult Participant's Signature

Date of Signature

Adult Participant's Printed Name

Participant's Date of Birth

Primary Emergency Contact's Name (Please print.)

Contact's Phone Number

Secondary Emergency Contact's Name (Please print.)

Contact's Phone Number

Health Insurance Company

Group Number

Name of Insured and Relationship to Adult Participant (Please print.)

Policy Number