

Orlando19 Substitute Registration Form

Substitutions may be made as follows:

- Small Groups (one to four participants) are allowed one substitution.
- Large Groups (five to ten participants) are allowed two substitutions.
- Choir is allowed three substitutions.

Substitution notification may be sent to the NFAF through July 12, 2019. Substitutions may also be made at On-Site Check-In on Tuesday, July 30, 2019.

Substitution Type

- Student Substituting for _____ Category: _____
- Student Substituting for _____ Category: _____

Name _____ Grade _____ Birth Date _____ Age _____
First & Last 2018 / 2019 mm/dd/yy On 9/1/18

Mailing Address _____
Number, Street, Apt #, City, State, Zip

Phone number _____ Student E-mail: _____
###-###-#### All group communication will be sent to the leader e-mail.

I do not give permission for the personal information above to be given to any AG institution or school, other than AGYM.

Gender: Male Female T-shirt size (adult sizes only) Small Medium Large XL 2 XL 3 XL

Does your Child have (or ever had) any medical condition that could require special attention?

Parental Consent and authorization, Risk Assumption and Model Release – Required for All Registrants

In consideration of our child being accepted as a participant for the national fine arts festival, I/we, the undersigned, being the parent(s) or legal guardian(s) of the child named above do hereby consent to the child's participation in the national youth convention, national fine arts festival, and national A.I.M. trip sponsored by the General Council of the Assemblies of God.

I/we understand that while the above-named child participates in the national youth convention, he or she is responsible to comply with all orders and directives of the authorized on-site representative listed above.

Medical Treatment Authorization

I/We, the parent(s) and/or legal guardian(s) of Child, understand that we will be notified in the case of a medical emergency involving the Child. However, in the event that we, or either of us, cannot be reached, we authorize the calling of a doctor and the providing of necessary medical services in the event the Child is injured or becomes ill.

I/We, the parent(s) and/or legal guardian(s) of Child, understand that The General Council of the Assemblies of God and its affiliated ministries, and/or any Assemblies of God church and/or District Council (collectively "GC") and/or any of their officers, directors, employees, volunteers, and agents, shall not be responsible for medical expenses incurred on the basis of this authorization, and we hereby agree to hold harmless, defend and indemnify "GC", its parents, subsidiaries and affiliates, officers, directors, employees, volunteers and agents from all obligations, damages, losses, attorney's fees, defense costs, demands, investigations, actions, liabilities, claims, cross-actions, third-party actions, causes of action, of any kind or nature whatsoever, pertaining to the provision of medical services for our Child. It is our express intention to defend, indemnify and hold harmless "GC" from all claims arising out of, or resulting from, or in any manner relating to the treatment, medical or otherwise, of our Child.

I/We agree to notify "GC" in the event of any health changes which would restrict the Child's participation in national fine arts festival. We also understand that any "GC" representative reserves the right to restrict the Child from any activity for any reason.

GENERAL RELEASE AND ASSUMPTION OF RISK

KNOWING THE RISKS THAT MAY OCCUR AT NATIONAL YOUTH CONVENTION/NATIONAL FINE ARTS FESTIVAL/NATIONAL A.I.M. TRIP (I.E. USE OF ELEVATORS AND ESCALATORS, SERVICES MAY CONTAIN LOUD NOISES, FLASHING LIGHTS, A HAZER/FOG MACHINE, AND OTHER MULTIMEDIA EXPERIENCES, CROWDED HALLWAYS, AND OTHER RISKS ASSOCIATED WITH LARGE EVENTS WITH OVER 10,000 ATTENDEES), I AGREE, ON BEHALF OF MY FAMILY, HEIRS, AND PERSONAL REPRESENTATIVES, TO ASSUME ALL THE RISKS AND RESPONSIBILITIES SURROUNDING MY PARTICIPATION IN THE ABOVE-DESCRIBED RISKS, BOTH KNOWN AND UNKNOWN. TO THE MAXIMUM EXTENT ALLOWED BY LAW, I RELEASE, HOLD HARMLESS, AND AGREE TO INDEMNIFY THE GENERAL COUNCIL OF THE ASSEMBLIES OF GOD, AND ITS AFFILIATED MINISTRIES, AND ANY ASSEMBLIES OF GOD CHURCH AND/OR DISTRICT COUNCIL, AND ANY ASSEMBLIES OF GOD SCHOOL, COLLEGE OR UNIVERSITY AND THEIR OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS, AND AGENTS, FROM

AND AGAINST ANY PRESENT OR FUTURE CLAIMS, LOSSES, LIABILITIES, COSTS AND EXPENSES FOR INJURY TO PERSON OR PROPERTY, OR FOR ANY OTHER DAMAGE, WHICH I MAY SUFFER, OR FOR WHICH I MAY BE LIABLE TO ANY OTHER PERSON, RELATED TO MY PARTICIPATING IN SAID ACTIVITIES, RESULTING FROM ANY CAUSE, INCLUDING BUT NOT LIMITED TO MY NEGLIGENCE OR ON THE PART OF ANY OF THE RELEASED PARTIES; PROVIDED THAT THIS RELEASE OF LIABILITY SHALL NOT APPLY TO GROSS NEGLIGENCE OR WILLFUL OR WANTON MISCONDUCT. THE AUTHORIZED ON- SITE REPRESENTATIVE IS RESPONSIBLE FOR OBTAINING PROPER MEDICAL FORMS FOR EACH STUDENT AND OTHER LEADERS.

Model Release

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, i hereby grant to the General Council of the Assemblies of God, of Springfield, Missouri, the absolute and unqualified right and permission to copyright (in its own name or otherwise), reproduce, publish, distribute and otherwise use or exploit, photographs, motion pictures and other audiovisual works (including works recorded in digital media) of me or in which i may be included whether taken in a studio or elsewhere, alone or in conjunction with other persons or characters, in any part of the world, and to make similar uses of any reproductions of my voice. This authorization and consent includes any use of such photographs, motion pictures, audiovisual works or voice reproductions without regard to any distortion, alteration, or retouching whether intentional or otherwise. The use and exploitation hereunder may be in any medium now or thereafter known or developed for illustration, promotion, advertising, trade or any other purpose whatsoever, whether accompanied by printed matter or otherwise.

I hereby waive any opportunity or right which I may have to inspect or approve the finished photographs, films, tapes, or digital data, the use to which they may be put, any copy, photographs, illustrations or other material used in connection therewith or the final product in which they may be used or incorporated.

I hereby waive, release and discharge from any claim, demand, action or suit which i may have or which may be derived through me for libel, defamation, invasion of privacy or any violation of any right to publicity or any other right which i may have arising out of the publication or use of such photographs, motion pictures, audiovisual works and voice reproductions. I hereby warrant that i have the full right and authority to execute this release; that I have read and understand the above release; that i am executing this release as my own free act and deed; and that this release shall be binding upon me, my heirs, legal representatives and assigns.

I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.

I expressly agree that this assumption of risk, release, and indemnity agreement and model release is intended to be as broad and inclusive as permitted by law. I further state that I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS AGREEMENT AS MY OWN FREE ACT.

I understand and agree that no oral or written representations can or will alter the contents of this document. This Agreement shall be governed and construed in accordance with the laws of the State of Missouri, excluding its choice of law rules, and all claims relating to or arising out of this Agreement, including claims for injuries or wrongful death in any way related to the above-described activities, shall likewise be governed by the laws of the State of Missouri, excluding its choice of law rules.

REGISTRANT signature (Required for all registrants) _____ Date _____

Your signature indicates that you have completely read and understand all applicable Orlando19 activity rules; NFAF rules, guidelines, assumption of risk, medical release, accept said statements and documents, and will abide by them.

PARENT/Legal Guardian signature (Required for all registrants under 18) _____ Date _____

Your signature indicates that you understand and support your child’s involvement in Orlando19 and have read and will abide by all rules, guidelines, assumption of risk, and model release. The Youth Leader and/or authorized on-site representative will be responsible for any medical treatment your child may need during the convention.

PARENT/Legal Guardian signature (Required for all registrants under 18) _____ Date _____

Your signature indicates that you understand and support your child’s involvement in Orlando19 and have read and will abide by all rules, guidelines, assumption of risk, and model release. The Youth Leader and/or authorized on-site representative will be responsible for any medical treatment your child may need during the convention.

PASTOR/ADULT LEADER signature (Required for all Participants) _____ Date _____

Your signature indicates approval of this registrant’s participation in Orlando19, and agree that he/she meets all rules and guidelines for the event and each add-on. If registrant is a leader, you acknowledge that you have performed appropriate background checks and/or screenings. If registrant is a Fine Arts, or Kappa Tau Participant you confirm good standing with your church, ministry, school, or student group. Trip leaders from the church each participant is registering under are responsible for obtaining proper forms for each student and other leaders.