

!!!Jr. High & Sr. High Youth!!!

Join us March 20th 7:00p.m.

TO

March 21st after church

For our

Twin Rivers Annual Lock-In

Volleyball, Campfire, Basketball, Movies, Food, Fellowship, and More.

Things to bring: A canned food item to help out a food pantry (This will be the admission cost for the Lock-In). Bring a sleeping bag and pillow. Bring shower stuff and a toothbrush. Bring a friend or two. We will provide snacks and entertainment. We look forward to seeing you there.

Location: Twin Rivers Community of Christ
2790 Highway K
O'Fallon, MO 63366

Liability Release

In consideration of the right of _____(Name of Participant) being accepted by Community of Christ, for participation in _Twin Rivers Lock-In_(Activity), we, (I), do for ourselves (myself) and for and on behalf of my child – participant; (if said child is not 21 years of age or older) here release, forever discharge and agree to hold harmless the Community of Christ and its directors, agents employees, assigns, and any subordinate units from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in above listed activities. We (I) have listed below any activity that my child should not participate in.

Further, authorization and permission is hereby given to said organization to furnish any necessary transportation, food and lodging for this participant.

The undersigned further agrees to hold harmless and indemnify said organizations, its directors, employees, and agents, assigns, and subordinate units for any liability sustained by said organizations as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

If the participant has not attained the age of 21 years: We (I) are the parent(s) or legal guardian(s) of this participant, and thereby grant our (my) permission for him (her) to participate fully in said event unless specific activities have been listed below. I also give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. I also agree that if my child has an illness on the day of departure, which could be harmful to him/her, or to others he/she will not be allowed to enter the bus.

Further, I hereby give consent to and authorize the taking of photographs or videotape in which my child may appear. I hereby waive all right of privacy in and to any said pictures or tapes.

Please list the activities the child cannot participate in:

Authorization Signature

We (I) have also read and agree to all statements in the liability release. We (I) consent to our (my) child's participation in the above listed activity.

Parent/Guardian's Signature _____ Date _____

Print Name _____ Phone (_____) _____

Emergency Contact _____ Phone(_____) _____