



F R E E L Y G I V E N

ABT SYNOD YOUTH GATHERING • MAY 5-7, 2017 KURIAKOS

YOUTH COVENANT FORM

First Name: _____ Last Name: _____

Do you wish to purchase a gathering T-Shirt for an additional cost of \$15.00? ___ yes ___ no

If yes, please indicate size: _____ (Small/Medium/Large etc.)

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY:

I hereby release Camp Kuriakos and the 2017 ABT Synod Youth gathering, "FREELY GIVEN", its agents, members and employees and hold them harmless from any and all liability for any accident, injury or any claim arising out of the said camper's use of Camp Kuriakos or any of its facilities, or by virtue of participation in any of its programs. In case of emergency, I understand that every effort will be made to contact me or the provided emergency contacts. In the event that I or the emergency contacts cannot be reached, I hereby authorize the Camp Personnel to secure medical advice and services as may be deemed necessary for the health and safety of my child.

Signature of Participant OR
Signature of Parent or Guardian (if under 18)

Name of Participant OR Parent or Guardian
(Please Print)

I agree to cooperate with my Home Team Leader and to be an active participant during the 2017 ABT Synod Youth gathering, "FREELY GIVEN".

Signature of Participant

Name of Participant (Please Print)

I understand that my/my child's name and photograph may be used as the result of their attendance at the 2017 ABT Synod Youth gathering, "FREELY GIVEN" and I consent to the ABT Synod Planning Committee and/or its representatives to the use of same.

Signature of Participant OR
Signature of Parent or Guardian (if under 18)

Name of Participant OR Parent or Guardian
(Please Print)

I have reviewed the information set out in participant registration form (submitted electronically) and certify that it is correct and accurate in all respects. I hereby provide my authorization and consent for my child to attend the 2017 ABT Synod Youth gathering, "FREELY GIVEN".

Signature of Participant OR
Signature of Parent or Guardian (if under 18)

Name of Participant OR Parent or Guardian
(Please Print)

Date: _____