BRAVING DISCIPLESHIP

SERVE IT UP 2013

OTTAWA UNIVERSITY

STUDENT REGISTRATION FORM

PERSONAL INFORMATION

Shirt Size: S M L XL XXL

Gender: M F High School Grad Year: 2014 2015 2016 2017

Name _____ Phone _____

Mailing Address _____

City _____ State _____ ZIP _____

Email Address _____

Emergency Contact _____ Phone _____

List Any Special Dietary Needs _____

List Allergies _____

RELEASE DETAILS

I hereby and herein authorize Ottawa University's Campus Pastor, or any agents working on their behalf, to act in my stead for the purpose of acquiring emergency medical attention for my child/ward. I impose upon the assumptors of this duty, the responsibility to act with reasonable care and caution and release and waive all liability for any injuries and illness incurred while at the event. By my signature hereunder, I warrant that my child/ward is in good physical condition, has no undisclosed medical problems, illnesses or disabilities, and is capable of full and active participation in Braving Discipleship. I also represent that my child/ward has received a physical within the last year and is medically competent to participate in the activities at Braving Discipleship.

My child/ward's participation in Braving Discipleship 2013 grants Ottawa University and its agents the rights to utilize photos, videos, testimonials, etc. of my child/ward for marketing purposes in print, on the Internet, etc.

Having read this waiver and knowing these facts and in consideration of your accepting my child/ward's participation in Braving Discipleship, I waive and release Ottawa University, and any individuals or organizations who assist or support this event from liability for illness, injuries or damage my child/ward may suffer as a result of participation in this event.

Parent/Guardian Signature _____ Date _____

Printed Name _____

EARLY REGISTRATION DEADLINE OCTOBER 20