

# LIFE 2025 REGISTRATION FORM

Name	D.O.B.
Email	Phone #
Shirt Size	Grade Completed in Spring of 2025
Do you want to participate in the 5k Run? (This is an additional \$45)	
Yes                      No	

Dietary Restrictions:
Special Needs or Comments:



## LIFE 2025 Release Form - Student

NO REGISTRANT WILL BE ADMITTED TO LIFE 2025 WITHOUT COMPLETING AND SIGNING THE FOLLOWING.

Name: \_\_\_\_\_  
*(print student's full name)*

I realize that my participation in LIFE 2025 at the Indianapolis Convention Center, July 4-8 2025, is voluntary. Understanding this, I (on behalf of my family, and any others who might make a claim on my behalf) expressly assume any and all risks of property damage, injury, and/or death arising from my participation in the Conference. I knowingly release The Christian and Missionary Alliance (C&MA), members of their Boards of Directors, their officers, employees, members, volunteers, and agents (collectively, the "Released Parties"), from any and all claims, losses, damages, and liabilities (whether known or unknown or unforeseen) related to my participation in LIFE 2025.

I further agree to indemnify and defend the Released Parties from any and all claims, losses, damages, and liabilities related to any and all property damage, personal injury and/or death arising from my participation in LIFE 2025, as may be asserted by a third party (defined as any party other than the Released Parties or me). In case I am in need of medical or surgical treatment to protect my health and welfare while participating in LIFE 2025, I authorize and agree to allow any authorized agent or employee of The C&MA to consent to and authorize the administering of such necessary medical and/or surgical treatment.

**Photo Release:** The C&MA, Alliance Youth, and its legal representatives retain the right and permission to publish, without charge, photographs/video taken during LIFE 2025. These images may be used in publications, including electronic publications, or in audio-visual presentations, promotional literature, advertising, or in similar ways. If you do not wish to comply, please contact the LIFE Conference staff: [life@cmalliance.org](mailto:life@cmalliance.org) and reference Photo Release in the memo field.

**College Contact:** The C&MA, Alliance Youth, and its legal representatives retain the right and permission to share registrant's contact information with our three Alliance colleges: Crown College, Simpson University, and Toccoa Falls College. If you do not wish to comply, please contact the LIFE Conference team: [life@cmalliance.org](mailto:life@cmalliance.org) and reference College Contact in the memo field

I agree that this Agreement shall be governed by and interpreted in accordance with the laws of the State of Colorado and the parties hereby agree to the exclusive jurisdiction of the Colorado courts. The terms of this Release are contractual and not a mere recital.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ (Student)

Print Name: \_\_\_\_\_

**For Participants Under the Age of Eighteen:**

I represent that I am the parent/legal guardian of \_\_\_\_\_, who is under the age of eighteen (18) or otherwise a minor in his or her state of residence. In consideration for allowing the participation of my child/ward in LIFE 2025, I hereby agree to be bound by the terms of the above Release, Hold Harmless, and Authorization of Medical Care.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ (Parent / Guardian)

Print Name: \_\_\_\_\_

