



**STUDENT LEADERSHIP UNIVERSITY
PARTICIPANT WAIVER & INFO FORM**

(This form must be brought to registration in order to participate in SLU.)

Student Leadership University (SLU) is honored to have you participate in one of our incredible experiences. As you join us, we need to let you know a few things, and we ask that you fill out this form before you or your child joins us.

SLU Participant Name: _____

Birthdate: _____ **Gender:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone #: _____

Email: _____

High School Graduation Year: _____

Parent Name: _____

Parent Email: _____

Which of the following best describes you? (circle one)

Student Youth Pastor Youth Leader Parent Educator

Group Name (if applicable): _____

Which SLU program are you attending? (circle one)

Orlando | **January 12-15, 2018** Orlando | **July 2-5, 2018**

Orlando | **June 18-21, 2018** Orlando | **July 9-12, 2018**

Orlando | **June 25-28, 2018** Orlando | **July 17-20, 2018**

San Antonio | **June 20-23, 2018**

_____ Initial here to give SLU and our partners permission to contact you via phone, email, or direct mail.

Liability Waiver

By submitting this form, you understand that there is always a possibility of injury or physical harm. Before you or your student can join SLU in one of these amazing experiences, you agree that Student Leadership University cannot let anyone participate in any activities without releasing and holding harmless Student Leadership University. Further, you and your child participating in this activity agree to hereby release, and forever discharge Student Leadership University, their officers and directors, and their employees, their agents, and any parties volunteering on behalf of Student Leadership University for all actions, claims, costs, expenses or damages of any kind growing out of or related to any activity of Student Leadership University in which the undersigned participates. You further acknowledge that this is a full and complete release for all injuries and damages which may be sustained as a result of participating in any Student Leadership University program.

Photo Release

By registering for an SLU experience, you give Student Leadership University permission to use photography, video, and audio that you or your child is in for any publication related to telling others how incredible SLU is. You give permission to Student Leadership University to use such images in connection with any publication including but not limited to brochures, booklets, videotapes, reports, press releases, websites, including social media, and exhibits, to use and cite any comment(s), verbal or written, made by you or your child about the program, and to use you or your child's name in connections with any publication and in such manner as determined by SLU.

Acknowledgement

I acknowledge I have read the above authorization, release, and agreement, prior to its execution, and that I am fully familiar with the contents of it. This release shall be binding upon the minor and me and our respective legal representatives.

Participant or Parent/Guardian Signature:

(parent/guardian must sign if participant is under 18)

Date: _____