IGNITE Teams 2019 - Adult Registration & Release

Complete and bring to event (one per adult)

You are a:

☐ Youth Pastor ☐ Volunteer Youth Worker

☐ Educator ☐ Parent

FIRST NAME: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ M.I. ☐

LAST NAME: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Gender: M F Phone # ☐☐☐ ☐☐☐ ☐☐☐☐

The address below is my: ☐ Work address ☐ Home Address

STREET NUMBER ☐☐☐☐☐☐☐☐

STREET NAME: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐**APT #:** ☐☐☐☐☐

CITY: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **STATE** ☐☐

ZIP ☐☐☐☐☐ **CELL PHONE** ☐☐☐ ☐☐☐ ☐☐☐☐

E-MAIL: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

CHURCH NAME: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Are you involved in an on-campus ministry or club? Y N **Are you a leader?** Y N

School Name_____City_____

Club Name_____ Teacher Sponsor_____

Meeting Day/Time: _____Meeting Room #:_____

Would you like to receive information on Biola University and/or it's graduate schools? **Y N**

Would you like to receive our bi-monthly newsletter and info about future events? **Y N**

Liability & Image Release

I (we) understand that by participating in Biola Youth programs, I give permission for the publication of photographs, videos, and recordings taken during participation in Biola Youth classes and events, to be used in promotional materials. I understand that I will not be paid any royalty or other compensation; and I give up any right I may have to payment if photos, videos, or recordings are published. I agree that any such photo, video, or recording shall become the sole property of Biola University, Inc. and Southern California Youth For Christ.
I will not hold liable Biola University, Southern California Youth For Christ and other particiaping organizations, their officers, or employees or for medical aid rendered and will reimburse the University for medical or other expenses incurred in my care.

_____ _____/_____/_____ _____

Signature Date Printed Name