

**Victory Outreach International G.A.N.G. EUROPEAN CRUSADE 2015  
REGISTRATION, WAIVER & LIABILITY RELEASE FORM**

**\*REGISTRATION IS NOT COMPLETE WITHOUT THIS FORM**

Please Print & Complete all Information:

Name of Registrant: \_\_\_\_\_ DOB: \_\_\_\_\_  
FIRST Name LAST Name M.I. Suffix (Jr.) Mo/Day/Yr

Male  Female

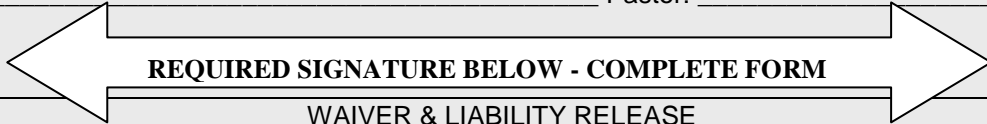
Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Emergency Contact Person: \_\_\_\_\_ Phone#: \_\_\_\_\_ Cell: \_\_\_\_\_

Church City: \_\_\_\_\_ Pastor: \_\_\_\_\_



I hereby assume personal responsibility for all risks associated with my participation in crusades, retreats, conventions, camps, team sports, alternative sports G.A.N.G. activities and all activities participated in, while on or off the Victory Outreach Int'l property. These activities include but are not limited to: falls, contact with sports equipments, other participants or other objects; the effects of the weather including high heat and/or humidity, the conditions of the court and/or rink, and transportations to and from all retreats, conventions, camps, team sports or alternative sports G.A.N.G. activities and all activities participated in. I am well aware that in attending and participating in G.A.N.G. events and/or sports activities my child or I, are doing it at our own risk. Knowing these facts, and in consideration of your acceptance of this release form, I hereby for myself, my heirs, executors, administrators, and anyone who might claim on my behalf, agree not to bring any claims and waive, release and discharge Victory Outreach International, its agents, officers, staff, employees, coaches, or assigns from any and all claims or deaths arising out of, or in the course of my or my child's participation in these activities. If at any point during any event if I or my child exhibit inappropriate or unacceptable behavior I understand that Victory Outreach Int'l and G.A.N.G. Int'l reserve the right to notify me, the parent and/or legal guardian, to pick up my child from the location of the event or send for my child by other means of transportation at the parent/legal guardian's expense. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. I understand that there are risks of physical injury and damage to property from adventuring in the outdoors. I am therefore willing to assume risk of and responsibility for such injury or damage which I (or any minor on whose behalf I am signing the release) may sustain arising out of the trip, convention, etc. with Victory Outreach Int'l, its employees, agents, and other participants on the trip, or myself. I therefore agree to release, indemnify, and hold harmless Victory Outreach Int'l and its employees and agents from any liability, claims or causes of action arising out of or related in any manner to the trip which I take. I am assuming these risks and entering this release on behalf or myself, and my heir, executors, administrators and assigns. I hereby agree to follow and uphold all verbal, written and posted rules, regulations and conducts of behavior. I am assuming the above risks and entering this Release on behalf or myself and any minor named and I am agreeing to its terms on my and, his or her behalf, as well as my, his or her executors, administrators and assigns.

I am 18 years of age, I do hereby understand and agree to the above terms: \_\_\_\_\_

*Signature of Registrant*

**REQUIRED PASTOR'S APPROVAL SIGNATURE:** \_\_\_\_\_

*Signature of Sr. Church Pastor*

~ALL REGISTRANTS PLEASE NOTE~

**\*PLEASE COMPLETE THIS FORM AND EMAIL TO [marthap@victoryoutreach.org](mailto:marthap@victoryoutreach.org)- YOUR PRE-SIGNED FORM ALONG WITH THE MEDICAL EMERGENCY FORM MUST BE COMPLETED AND SUBMITTED BY EACH INDIVIDUAL ALONG WITH ALL OTHER REQUIRED FORMS AND FULL PAYMENT IN ORDER TO COMPLETE YOUR REGISTRATION (NO EXCEPTIONS)**