

Student Name: Gender (circle one): M F Parent/Guardian Name: Address:	Allergies:		
		City:State:Zip:_	If parent/guardian is unavailable in case of an
		Home Phone: Business Phone:	emergency, please contact:
		Student Birth Date:/ Grade in School: _	Name:
Home Church:	Relationship:Phone:		
City:State:			
hereby voluntarily assume all risk of accident or injury to releasing Cedarville University and all personnel associations.	nd certify that he/she is in good health and able to participate in all activities. I to my child which may arise from his/her participation in this event, completely ated with this program from any liability that may result from his/her participa- y while attending this event, I give my permission for such care.		
Parent/Guardian Signature:	Date:		
as, but not limited to, printed materials, websites, press	and use my (or my student's) image in University marketing promotions such s releases, and video. I understand my (or my student's) image will be used in gree that images used are considered the property of Cedarville University and of Cedarville University.		
Parent/Guardian or Adult Student Signature:	Date:		
*Parents/guardians who have special concerns or requireme advance of the event to resolve any issues regarding the use	nts regarding photography of their student agree to contact Cedarville University in		
I authorize	(big sibs name) or their designee to host as a BIG SIB during this event.		
Parent/Guardian Signature:	Date:		