

SPA REGISTRATION - July 24-26, 2025

Attendee Name _____

Address _____

City _____ St. _____ Zip _____

Phone Number _____ Home Cell

E-mail (required) _____

Male Female Alumni First Timer Leader

Age on July 24, 2025 (required) _____

Church, City, St (required) _____

Primary Leader (required) _____

Please scan the code or go to our website at christlifemin.org/prayer-advances/student-prayer-advances/student-prayer-advance-registration/ to read the **Cancellation Policy** for the Advance. Submission of this form signifies that you have read and agree to the policy.



REGISTRATION COST:

ON Campus— includes registration, room & meals:

Registration Postmarked by May 19th, 2025 _____ \$179

Register May 20th, 2025 or after _____ \$189

OFF Campus— includes registration & meals only:

Registration Postmarked by May 19th, 2025 _____ \$129

Register May 20th, 2025 or after _____ \$139

If you choose "Off Campus" registration, you are responsible to obtain your own lodging.

NOTE: After July 16, registration acceptance is pending available space

To register using a credit card, please go to our website christlifemin.org/prayer-advances/student-prayer-advances/ or call our office (540-890-6100). Or you can mail your check, made payable to Christ Life Ministries, along with this registration form to:

Christ Life Ministries, Inc., PO Box 399, Vinton, VA 24179

NOTICE!!

EVERYONE attending must have their parent/guardian read and agree to the Permission / Release form on the right. If over 18, you must read and sign that portion for yourself. Also please read and follow instructions below.

If the attendee is over 18, you only need to sign **at the bottom right**.

If the attendee is under 18, this form must be signed **at the bottom right by a Parent or Legal Guardian** and their contact information completed below (please print).

Parent or Legal Guardian _____

Contact email _____

Contact phone number _____

For office use only: QB _____ CF _____ DB _____

Permission / Release

In exchange for participation in the Student Prayer Advance (SPA) organized by Christ Life Ministries (CLM), and/or use of the property, facilities and/or services where the SPA is held, I agree for myself and/or for my child, to the following:

1. I hereby give permission for images of me or my child, captured during the SPA through audio/video/camera to be used by CLM for the purposes of promotional material and publications, and I waive any rights to compensation/ownership.
2. I give my permission for CLM Staff, its representatives, and/or volunteers to search my child's belongings including but not limited to luggage, purses, and backpacks as deemed necessary for safety and security reasons.
3. I understand that CLM does not provide and is not responsible for any transportation to, during, or from the SPA. Transportation is the sole responsibility of the parent, guardian, or group youth leader.
4. In the event either I or my child causes damages, I take full financial responsibility for the damages. In addition, if early return home is warranted due to disciplinary concerns, I will provide transportation home for me and/or my child.
5. I recognize there are certain potential and inherent risks associated with participation in the SPA, and I assume full responsibility for personal injury to myself and/or my child, and further release, hold harmless, indemnify, and discharge CLM, its staff, officers, directors, board members, volunteers, and agents for injury, loss or damage arising out of my or my child's participation in the SPA, whether caused by the fault of myself, my child, CLM, or other third parties.
6. I agree to indemnify and defend CLM against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my child's participation in the SPA.
7. In the event of an injury to me or my child during the SPA, I give my permission to CLM or to the group youth leaders, employees, representatives, or agents of CLM to arrange for all necessary medical treatment, for which I shall be financially responsible. This temporary authority will begin upon signature date, and shall remain effective until the attendee returns home from the SPA, unless sooner revoked in writing delivered to said agent(s). CLM shall have the following powers:
 - The power to seek appropriate medical treatment or attention on behalf of me or my child as may be required by the circumstances, including without limitation, that of a licensed medical physician and/or a hospital,
 - The power to authorize medical treatment or medical procedures in an emergency situation; and
 - The power to make appropriate decisions regarding clothing, bodily nourishment, and shelter.
8. If my child is attending with a church group, any special needs – allergic reactions, required medications or treatments, disabilities that require special access, special dietary needs, etc. I agree to communicate these needs to the group leader and verify that they understand those needs and that they are responsible to administer any said treatments. CLM will not be responsible for the day to day treatment of any established medical conditions. I agree to communicate any special needs as described above to CLM no later than June 19th, 2025 in order to verify that necessary accommodations can be made.
9. If I or my child are issued a room key for lodging in the dorms, I agree to turn this key in on Saturday morning before leaving the campus. In the event the key is lost or not turned in, I understand and agree that I will be charged a \$35 key replacement fee.

I hereby consent and give permission for me or my child to participate in SPA, and agree on behalf of the above minor to all of the terms and conditions of this Agreement. By signing this Release of Liability, I represent that I have legal authority over and custody of the child mentioned above. This document is governed by the laws of the Commonwealth of Virginia, and the assumption of risk herein is intended to be as broad and inclusive as permitted by law.

SIGNED _____ **Date** _____