

Lost River Teen and College Weekend 2019

August 2-4 (Friday night to Sunday afternoon)



Theme: "Living Like Kings!"

"Choice by choice the kings of Israel wrote the stories of their lives. Are the choices you are making today writing the story you want to tell?"

Guest Speakers: Scott Sandusky and Bill Sanchez

Rehoboam—Who do I look to for guidance in pivotal moments?

Manasseh—How patient will God really be with me?

Joash—Is my relationship with God my own?

Asa—How much of my life do I need to spend listening to God?

Where: Lost River Church of Christ
662 Dishman Lane
Bowling Green, KY 42104
270-843-3163
www.lostriverchurch.org

Cost: No Cost, all meals and housing will be provided for the entire weekend by members

Check-In: Friday, August 2 @ 6:45pm.

Check-out: Sunday, August 4 @ 12:00pm

Online Registration: <https://forms.gle/owj9YAsqyGwafKfi9>

*Please make every effort to submit all registrations by July 15th so we can plan events/teams and order necessary supplies. However, we will be accepting registrations up to the day of the event if space is available.

What to Bring: Bible, toiletries, as well as dress clothes for Sunday worship service.

Registration Form: Please register online if possible, if not, you can scan & email your registration form to: mstephenson8@yahoo.com.

Registration Questions: Email Matt at mstephenson8@yahoo.com or call 270-799-7789

2019 Lost River Teen and College Forum Registration, Liability, & Medical Release Form

Name: _____

Address: _____

Age: _____ Gender: _____ T-shirt Size: _____

If you are in Middle School or High School, what grade will you be in the fall? ____

If you are in College, what year of college will you start in the fall? _____

Your Cell Phone #: _____

Your Email Address: _____ Facebook: Yes _____ No _____

Parents Name: _____

Parent's Email Address: _____

Parent's Cell Phone #: _____

Emergency Contact: _____

Emergency Contact Phone #: _____

Health Insurance Company: _____

Insurance Co. Phone #: _____

Primary Insured: _____

Policy #: _____

Physician Name: _____ Physician's Phone #: _____

Allergies: _____

Medications: _____

Parental Waiver Form

Read Carefully and Sign: I hereby request that myself my child be accepted to attend the Lost River Teen and College Forum. I understand and am aware that my child will be participating daily in many physical activities and that the potential for accidents does exist. For the acceptance of my child to attend the Lost River Teen and College Forum, I, on behalf of my child, hereby release, discharge, indemnify and hold harmless Lost River Teen and College Forum, Lost River Church of Christ and Ben Keehn (sponsoring individual), Lost River Church of Christ (sponsoring church) and their respective directors, officers, employees, agents and representatives (the "Released Parties") from any and all liability and any and all claims or demands for loss or damage on account of injury to person or property, and any and all costs and expenses, including without limitation attorneys' fees, whether caused in whole or in part by the negligence or gross negligence or the Released Parties or any of them, as a direct or indirect result of my child's attendance the Lost River Teen and College Forum, and I, on behalf of my child, hereby waive any and all claims and causes of action against the Released Parties or any of them, regardless of any negligence or gross negligence of the released parties or any of them, resulting directly or indirectly from my child's attendance at the Lost River Teen and College Forum.

Parent's Authorization to Provide Necessary Treatment: I hereby give permission to the medical personnel selected by the Forum director and/or organizers to order X-rays, routine tests, treatment, to release any and all records necessary for insurance purposes and to provide or arrange related transportation for my child. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the forum director and/or organizers to secure and administer treatment including emergency treatment, surgery or hospitalization, for the person named above. I assume the responsibility of all medical bills and ancillary incurred expenses. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I hereby assume all transportation costs.

I have read and understand the foregoing terms and conditions, including without limitation the release provision, and by my signature knowingly agree to each and every term and condition as stated above:

Parents Name (Printed) _____

Signature: _____

Participants Signature: _____

Date: _____