



## PARENTAL CONSENT FORM

### Thrive Conference 2023

Authorization and Acknowledgment: By signing this waiver and consent, I, the legal parent/guardian

\_\_\_\_\_ grant permission for my child \_\_\_\_\_ to attend and participate in any and all activities including but not limited to lifeguard supervised swimming, ziplining, Marina exploration, volleyball, Christian based sessions, and other activities at Sandy Cove Ministries Christian Retreat Center ("Sandy Cove") for Thrive Conference 2023. I recognize and acknowledge the inherent risks some of these activities may present for my child.

My child and I also acknowledge that the possession or use of alcoholic beverages and illegal drugs are strictly forbidden. My child and I understand the possession of any weapon (firearm, knife, explosives, etc.) is strictly forbidden on conference property.

Because I acknowledge the risks of allowing my child to participate, I agree to release and hold harmless to All Nations Church New Jersey ("ANCNJ"), Thrive Conference, Sandy Cove and its founder, trustees, directors, officers, employees, agents, affiliates, volunteers, and medical staff etc. from any and all injury claims of any other nature which may result from my child's participation at and travel to or from Thrive Conference.

I give my permission for ANCNJ, Thrive Conference, Sandy Cove and its medical staff to administer any medications needed and to provide and arrange for any necessary medical treatment to my child while at Thrive conference, including onsite and offsite emergency care. I accept responsibility for the costs of all such medical treatment

**Photography Release:** In consideration of my child's participation at Thrive Conference, and without any further consideration, I hereby grant permission to ANCNJ, Thrive Conference, staff and affiliates to utilize my child's appearance, performance or voice in any and all manner and media for the purpose of promotion, reporting or publication. ANCNJ and Thrive Conference may use my child's, likeness, voice and biographical material in connection with publication, promotion, exhibition and distribution of such material. I understand that no royalty, fee or any other compensation of any kind shall become payable to me by reason of such release and use of any photograph.

☐ I accept

☐ I decline photography release for my child and/or family.

Please contact [help@thrive.org](mailto:help@thrive.org) before signing if you have questions.

I have read this form carefully and have had all questions answered before signing this legal document and giving the consents and waivers contained in it. I acknowledge that this is a legal document, and I will be bound by my agreement to its terms.

Parent/Guardian must sign. Signature represents legal authority for child listed above.

Parent/Guardian

PrintName: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_