



Join IGNITE Student Ministry for it's
Annual Youth Lock-in
 Friday, March 9th at 7pm
 Through



Saturday, March 10th at 7am

For Boys & Girls in 6th—12th grade - Cost \$5

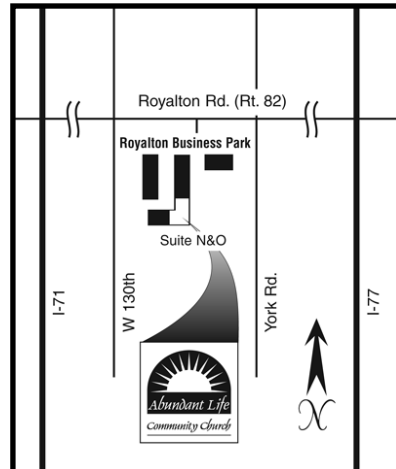
Food—Movies—Games—Nerf Wars!

This year's theme is Star Wars!

Bring: Nerf guns, bullets (label), pillow, blanket, & \$5.

**Abundant Life
 Community Church**
 Royalton Business Park
 10143 Royalton Road Suite N & O
 North Royalton, Ohio 44133
 (440) 877-1202

You can register online at
www.alcc.cc/students



**LOCK IN WAIVER
 PARENT/GUARDIAN WAIVER**

Student Name: _____

Email: _____ Cell: _____

School: _____ Grade: _____ Gender: _____ Age: _____

How Did You Hear About The Lock-In? _____

Parent/Guardian's Name: _____

Email: _____ Cell: _____

Address: _____ Phone: _____

City: _____ Zip: _____

Emergency Contact: _____ Phone: _____

Where Do You Attend Church: _____ How Often: _____

Disclaimer

I, the parent or guardian of the above named individual, acknowledge that participation in athletic events necessarily involves risk of physical injury. I further acknowledge that the programs of Abundant Life Community Church are administered by volunteers, rather than by paid, trained professionals. In consideration for accepting the participation of the named individual, I (for myself as well as for my child, his heirs and assigns) hereby release, discharge, and hold harmless Abundant Life Community Church and their employees, volunteers, and other representatives or affiliates (including without limitation the participating churches, organizations participating through such churches, sponsors, games or event workers, officials, facilities, and volunteers) from and against any and all claims arising out of or relating to illness, physical injury, death or other damages that may result to said individual while participating at Abundant Life Community Church. I attest that my child is physically capable to participate in this event. However, should representatives or volunteers determine in their sole discretion that completion or participation in any games or events would be injurious to my child's health, or should my child become ill or sick, I consent to his or her removal and treatment by any physician or medical care provider at the discretion of the event or game sponsors, representatives and/or volunteers.

X _____
 Student's name Date

X _____
 Parent/guardian name Date