

Pre-Embassy 2017

In exchange for the opportunity for _____ to receive training in the Pre-Embassy program of the Advanced Training Institute (ATI) I, as a parent or guardian, on behalf of myself and my spouse (if applicable), do release ATI and the Institute in Basic Life Principles (IBLP), Its employees, agents, and volunteers from any liability arising from injuries to my child, or property damage to her belongings while participating in the Pre-Embassy Program.

I do voluntarily authorize ATI and IBLP and any of its officers, employees, or volunteers responsible for the well-being of my daughter, to provide, or to make reasonable arrangements for those life-saving procedures, which appear to be necessary in case of an emergency. I understand that I will be contacted as soon as it is reasonably possible in the event of any serious injury to my daughter.

I grant permission to ATI and IBLP to reproduce the likeness of my daughter in their brochures, books, websites, and other print or electronic media, as well as allowing ATI and IBLP to sell or distribute any aforementioned materials containing the likeness of my daughter in whatever way they desire.

I fully consent to the arrangements made for the spiritual, emotional, mental, and physical welfare of my child during the period of time she is under the authority of IBLP in the Pre-Embassy Program. I understand that by signing this form I am waiving any and all rights to bring a claim or cause of action against ATI, IBLP, their employees, agents, or volunteers. I voluntarily sign my name below in agreement to the above statements.

Parent or Guardian Signature

Print Name

Date Signed

Phone Number

Texting? Y ___ N ___

Additional Phone Number

Texting? Y ___ N ___

Please indicate T-shirt size: Youth: Sm ___ Med ___ Large ___ Adult: Sm ___ Med ___

Note any Medical problems, restrictions, or allergies that we need to be aware of:

Once form is completed, please email to preembassy@iblp.org or fax to 903-636-2013.