

ALERT Cadet Challenge 2018

In exchange for the opportunity for _____ to receive training in the ALERT Cadet program of ALERT I, as a parent or guardian, on behalf of myself and my spouse (if applicable), do release ALERT, ALERT Cadet and the Institute in Basic Life Principles (I.B.L.P.), Is employees, agents, and volunteers from any liability arising from injuries to my child, or property damage to his belongings while participating in the ALERT Cadet Program.

I do voluntarily authorize ALERT Cadet, ALERT and I.B.L.P and any of its officers, employee’s, or volunteers responsible for the well- being of my son, 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 son.

I grant permission to ALERT Cadet, ALERT and I.B.L.P. to reproduce the likeness of my son in their brochures, books, websites, and other print or electronic media, as well as allowing ALERT Cadet, ALERT and I.B.L.P. to sell or distribute any aforementioned materials containing the likeness of my son 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 he is under the authority of ALERT in the ALERT Cadet Program. I understand that by signing this form I am waiving any and all rights to bring a claim or cause of action against ALERT Cadet, ALERT, I.B.L.P., their employees, agents, or volunteers. I voluntarily sign my name below in agreement to the above statements.

Conference Attending:

- Big Sandy Northwoods – June Sacramento Northwoods – August

Parent or Guardian Signature

Print Name

Date Signed

Phone Number Texting? Y ___ N ___

Additional Phone Number Texting? Y ___ N ___

Son’s Last Name _____ **First Name** _____

Birthdate: ___/___/_____ **Age:** _____

Please indicate T-shirt size : **Boys:** Sm ___ Med ___ Large ___ **Mens:** Sm ___ Med ___ Large ___

If your son is 13-17 years old please indicate whether he would like to participate in the Leadership Training Challenge or remain with his younger brothers. _____

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

