

# IGNITE CONFERENCE 2020

## GROUP REGISTRATON

February 28 - March 1, 2020  
Kansas State Fairgrounds  
Hutchinson, Kansas

## Group Registration Instructions

We are excited that you are bringing a group of students from your church to the 2020 IGNITE Conference!

Below is a checklist of all the documents and information that we need from you in order to process a group registration:

1. Completed Group Registration Form

Please include primary contact information and email address!

Please note that we allow 1 sponsor to attend free per 5 students; however, if you have additional sponsors attending, please list those under "additional sponsors" and remember that the student registration fees will apply!

2. A Release of Liability form for EACH student and EACH sponsor.

3. A completed group roster of ALL sponsors and students who are registering as part of this group.

4. Payment in full, submitted to Grace Bible Church, 1221 E 33rd Avenue, Hutchinson, KS 67502.

Please contact us with any questions at 620.663.4740 or email [steve@gbchutch.com](mailto:steve@gbchutch.com).

# Group Registration Form

Church Name

Church Address

City  State  Zip

Phone Number

Youth Pastor or Primary Contact Name

Youth Pastor or Primary Contact Email Address

Total Number of Students  Total Number of FREE Sponsors  Additional Sponsors

Cost: ☐ \$115 - if postmarked by January 6, 2020  
☐ \$140 - if postmarked January 7 - February 18, 2020

*If you are coming as a sponsor, your fee may be waived. One sponsor per each five students may attend for no charge!  
Thank you for your support!*

Total Amount Submitted

# Release of Liability

We must receive a copy of this form for EACH student  
and for EACH sponsor attending the conference.

WHEREAS, I  (participant), plan to participate in ministry events and related activities sponsored by Grace Bible Church of Hutchinson, Kansas and WHEREAS, I recognize that the participation in such activities may be hazardous and dangerous.

NOW THEREFORE, in consideration of the privilege to participate extended to me by Grace Bible Church of Hutchinson, Kansas, and all its officers, agents, servants and employees: I do hereby, for myself, my heirs, executor and/or administrator, remise, release and forever discharge Grace Bible Church of Hutchinson, Kansas, and all its officer, agents, servants and employees, acting officially or otherwise, from any and all actions, causes of action, claims and demands for, upon, or by reason of any injury, damage, loss or death which may occur from any cause including, but not limited to any accident while participating individually or with others in said events.

Emergency Contact's Name:

Emergency Contact's Relationship (parent, grandparent, etc.) to Registrant:      Emergency Contact's Phone Number:

List any medical allergies, medical problems, or other pertinent health information for registrant. If none, please print "none".

List any medications being taken by the registrant and frequency taken. If none, please print "none".

Do you give permission for your child/student to receive over the counter medication under the supervision of the staff or sponsor of Grace Bible Church?

☐ Yes ☐ No

☐ I have medical and accident insurance with:

Insurance Company's Name

Policy #

Deductible

☐ I do not have medical or accident insurance and I agree to pay any expenses directly and/or indirectly related to my participation.

I, the undersigned (or parent/guardian if under 18), understand that in the event medical treatment is required, every effort will be made to contact the person designated above for an emergency; however, if the individual so designated cannot be reached, permission is given to the staff or sponsor of Grace Bible Church of Hutchinson, Kansas to secure the services of a licensed physician to provide the care necessary, including anesthesia for my well-being.

I HAVE CAREFULLY READ AND AGREE TO THIS RELEASE:

Participant's Signature

Date

Parent / Guardian's Signature (if student under 18 years of age)

Date

Full Address of Participant, including City, State, and Zip Code.

Participant's Cell Phone Number

## Group Roster

Please enter each name on a separate line. Print additional pages as needed.

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