

AFFIRM Ambassadors are youth directors, pastors, church staff, parents, past participants—anyone who is helping participants and parents through the AFFIRM Registration process! This packet should contain what you may need to be successful and helpful. **If you have any questions, please reach out to AFFIRM Registrar at [AFFIRMSES@gmail.com](mailto:AFFIRMSES@gmail.com).** THANK YOU for being an awesome ambassador for the AFFIRM community!

**Register online until May 1 at [sesyouth.org/AFFIRM](http://sesyouth.org/AFFIRM)**

### NEW THIS YEAR:

Micro Units To avoid having to cut or skip units we are beginning a ‘micro unit’ rotation between Science & Faith, Exodus and Bridges. This means that the units will take turns (on a three year rotation) maxing-out at 12 participants. This year’s micro unit is Science and Faith

Reminder about 1st and 2nd unit choices There are many factors considered in unit placement and units are not necessarily ‘first come, first served’. Occasionally we cannot place a participant in their first choice unit which is why we have always asked for a first *and second* choice during registration. If a second choice has not been provided and the first choice isn’t available,, the admin team will place the participant into another appropriate unit. Please encourage people to make two choices!

Online Registration We are working toward migrating to the Synod’s online registration program. Please advise parents to look out for email confirmations to ensure their registration was received. If there are any questions or complications, please contact our registrar!

Room Deposit The room deposit fee has been increased to \$50 to cover lost keys and/or room damage. This deposit is returned at the end of the week if the room is in good condition and the key is returned.

Donations from Congregations If your congregation is interested in supporting AFFIRM through donations of supplies & candy to be used during the week, please email us so that we can coordinate!

### NEW LAST YEAR:

Congregational Payment Form Share this form with whoever will be submitting scholarship funds on behalf of your congregation. You can mail the form with checks or email to the registrar if paying online.

Pastoral Endorsements In lieu of signing a participant’s application, Pastors will receive an email from the registrar and be asked to submit a short amount of information about the participant.

### ENCLOSED:

Info Flyer FAQ, Registration Info & Unit Descriptions / Print & Share with anyone interested in AFFIRM!

Paper Registration Packet Parent Info, Participant Info, Payment Info / Print by request only, please

YAYMI Registration Participant Info, Application / Print by request, please, to promote online registration

REQUIRED Signature Pages (Each Participant & YAYMI) AFFIRM Guidelines, UWA Waiver / Print as needed

Optional Participant Forms Medications Form / Synod Scholarship Application / Print as needed

Congregational Payment Form For church office use only / Print as needed

# AFFIRM

A YOUTH MINISTRY OF THE SOUTHEASTERN SYNOD OF THE ELCA

[SESYOUTH.ORG/AFFIRM](http://SESYOUTH.ORG/AFFIRM)

**Staff Applications Accepted Until December 20 / Participant Registration Opens February 1**

## WHAT IS AFFIRM?

Affirm is an awesome one week, one-of-a-kind Lutheran camp experience serving youth grades 6-12 who live in the Southeastern Synod of the ELCA (Georgia, Mississippi, Tennessee, Alabama) for over 50 years!

**Our missions is to create a safe community where all are welcome. We will: be fed daily by worship and communion; equip young people to be leaders; foster discipleship; be grounded in our Lutheran theology.**

AFFIRM offers 10 units where youth can grow their relationship with Jesus and explore the gifts God has given them. Units are aligned by grade and age appropriate content consisting of small, large and whole-camp curriculum. Each year we live out the units through the lens of a new camp-wide theme.

## WHERE, WHEN, HOW MUCH?

AFFIRM currently convenes on the campus of The University of West Alabama in Livingston, AL. AFFIRM is typically held the 3rd full week of June (on National Youth Gathering years it moves up a week).

The complete cost is \$425/participant. While there is no sibling or group discount, need-based scholarships are available from the Synod. Complete a Synod Scholarship application and submit it with your registration. Also, be sure to ask your AFFIRM Ambassador about scholarships from your home congregation! There is no cost for AFFIRM's volunteer staff.

Cost includes: Lodging, all meals from Sunday dinner to Friday breakfast, an event T-shirt, and all program costs.

## SOUNDS GREAT - WHAT'S NEXT?

> **PRAY** about this with your youth. What are they excited about? Are they nervous about anything? Which unit will you pick this year? How might their faith grow?

> **TALK** to your AFFIRM Ambassador (youth director, pastor, AFFIRM staff, past participants or parents). As part of our commitment to serve each youth and provide the best experience, we require each participant to receive a pastor's endorsement, so you'll want to talk to them, too.

## > REGISTER AT [SESYOUTH.ORG/AFFIRM](http://SESYOUTH.ORG/AFFIRM)

Registration is completely digital this year! You can submit forms online, sign-up multiple participants and pay your deposit in one sitting.

If digital isn't your speed, a paper registration packet can be found on the website, or ask your congregation's AFFIRM Ambassador for a printed copy.

Registration must be received/postmarked by May 1. Registration is considered complete when all forms, information, and a \$200/participant deposit are received.

## COOL, BUT I HAVE MORE QUESTIONS!

First, visit our website at [sesyouth.org/AFFIRM](http://sesyouth.org/AFFIRM).

You are also welcome to reach out to our volunteer admin team and we will respond as soon as possible!

Jonathan Awtrey / Director of Community  
Jennifer Dunn / Director of Operations  
Emily Gantert / Director of Registration

[AFFIRMSES@gmail.com](mailto:AFFIRMSES@gmail.com) / 762.585.5108

[f /SES-AFFIRM](https://www.facebook.com/SES-AFFIRM) #SESAFFIRM [@SESAFFIRM](https://twitter.com/SESAFFIRM)



# AFFIRM

## UNIT DESCRIPTIONS

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**Effective in 2019: Exodus, Science & Faith, and Bridges will begin a 'Micro Unit' rotation, meaning that each summer one of those three will max-out at 12 participants. Also, grades for Shepherds and Revelations have shifted. Please contact us if you have any questions!**

### **GENESIS / completed 6th + 7th grade first time attendees**

Genesis (a new creation) is a high energy, fun, "feel good" unit, designed to help participants see that they are special and unique children of God who can have fun being Christians. They will be able to see how fellow Christians can work together to share the Good News. They will see themselves as God's work of art, created to live the Good Life through Jesus Christ and the Church.

LIMIT / 70 youth

### **MISSIONARIES / returning who completed 7th + 8th graders**

Missionaries explore who we are as members of the body of Christ, how service and servanthood is a central part of our faith, and how to recognize our unique gifts and use them to create change. We approach service through a theology of accompaniment, walking alongside each other and all God's people regardless of the barriers that usually divide us. We put our faith into action by going out and doing service projects.

LIMIT / 60 youth

### **JOURNEYS / completed 8th - 9th grade**

Journeys will provide youth with the opportunity to be led to the intersections where their lives will meet Christ's in a radical new way. The Gospel story will come alive as youth engage in creative communication and small group activities. Youth will leave with a better knowledge of Jesus' journey and what meaning it has for their lives.

LIMIT / 40 youth

### **SHEPHERDS / completed 8th – 9th grades (formerly 9-10)**

Shepherds is an introduction to Christian Leadership. The Shepherd is the one who tends to and cares for the group. This unit will help individuals identify leadership styles and skills through discussions, games, community outreach, etc. This enables them to develop a greater understanding and confidence in their role as leaders.

LIMIT / 60 youth

### **REVELATIONS / completed 9th - 10th grade (formerly 9-11)**

Revelations is an experiential lab in daily living. We seek to discover revelations and creative insights to help Senior High youth identify the many forces -- both good and bad-- which influence their lives. The primary objective of this unit is to help the participants experience spiritual and emotional growth in a positive, affirming community of grace.

LIMIT / 30 youth

### **WORSHIPTIVITY / completed 10th - 12th grade**

Worshiptivity =Worship and Creativity. This unit is designed to help individuals faithfully combine their gifts of music, drama, and art to create the worship experience for the AFFIRM community. Through planning and leading worship during the week, individuals will grow in their own spirituality and gifts.

LIMIT / 20 youth

### **SCIENCE & FAITH / completed 10th-12th grade**

#### **2019 Micro-Unit**

Through the years science and faith have sometimes been friends and sometimes enemies. From outer space to inner demons, this unit takes a look at the questions scientists and theologians today are wrestling with together. This is a unit built on good conversations and some hands-on learning. A degree in science isn't required, but a natural curiosity is!

LIMIT / 20 youth // **2019 Limit / 12 youth**

### **BRIDGES / completed 11th - 12th grades // 2020 Micro-Unit**

Too often, we focus on the barriers that separate rather than the invitation to turn those barriers into bridges! In this unit, we address lots of "-isms," such as racism, sexism, classism, and ageism. Rooted in Scripture and our baptismal promises, we will also draw from pop culture and rely on media rich resources (movies, music, magazine articles, social media, and web resources) to enhance our respectful dialogue and experiential learning that engages heart and mind and body and soul.

LIMIT / 20 youth // **2020 Limit / 12 youth**

### **EXODUS / completed 11th - 12th grade // 2021 Micro-Unit**

Exodus is "A Journey from Sin and Death to Resurrection and Everlasting Life." Through this journey, participants will see and experience the abundance of God's love and grace given to us through the life, death, resurrection, and ascension of our Lord and Savior Jesus Christ. The Exodus journey will help the participants grow spiritually and be equipped to daily live the journey of living the faith and the grace God gives to us.

LIMIT / 40 youth // **2021 Limit / 12 youth**

### **YAYMI / completed freshman or sophomore year of college**

YAYMI is a small group experience for young adults who are called to be youth leaders. This unit uses an internship model whereby young adults will work with mentors and units at AFFIRM to develop their skills in small group leadership, peer ministry, leading games, Lutheran perspectives, creative bible study, discussion, and more!

LIMIT / 15 young adults

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**LEARN MORE & REGISTER AT [SESYOUTH.ORG/AFFIRM](https://sesyouth.org/affirm)**



# PARTICIPANT REGISTRATION

PAGE 1

**PARENT/GUARDIAN INFORMATION** / You may submit one copy of this page per family/household

Primary Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Primary Mailing Address \_\_\_\_\_

Primary Contact Email \_\_\_\_\_

Secondary Contact Email \_\_\_\_\_

**EMERGENCY CONTACT** / Other than parent(s) listed above

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

**PASTOR ENDORSEMENT** / We will reach out to your pastor for an endorsement of your participant

Home Congregation \_\_\_\_\_ City/State \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Pastor's Email \_\_\_\_\_

**SYNOD LIABILITY WAIVER**

In consideration of being accepted by the Southeastern Synod, ELCA for participation in youth ministry events, I (we) do for myself (ourselves) and on behalf of my child/participant do hereby release, forever discharge, and agree to forever hold harmless the Southeastern Synod, ELCA, the employees, and agents thereof, from any and all liability, claims and demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by me or my child/participant resulting from said child's participation in the synod sponsored youth events, including travel, recreation and all associated activities. Further, I (we) (and on behalf of our child/participant under 18 years of age) hereby assume all risk of said personal injury, sickness, death, damage and expenses as a result of participation as above set forth. I also understand that staff and volunteers are responsible for the administration of prescribed medication and I (we) have made private arrangements for any medication taken on a daily schedule by my child/participant. I (we) am (are) the parent(s) or legal guardian(s) of this participant, and hereby grant my (our) permission for him/her to participant fully in said youth events, and give my (our) permission to take said to a doctor or hospital, share the above medical information and authorize medical treatment, including, but not limited to emergency surgery or medical treatment, and assume responsibility of all medical bills incurred by my child/participant. I(we) give permission for my child to receive over the counter medications such as Tylenol, ibuprofen, antidiarrheal medication, antibacterial ointment, throat lozenges, eye wash solution, and the like.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**PAYMENT** / \$425 per participant. A \$200 deposit is due with registration. Balance is due in full no later than June 1. Make checks out to ELCA SOUTHEASTERN SYNOD and include your participant's name in the MEMO line.

Online payments can be made at [sesyouth.org/AFFIRM](http://sesyouth.org/AFFIRM)

*Regarding Deposit Refunds:* \$50 of deposit is non-refundable. \$150 of deposit is refundable if you cancel by May 1. No deposit refunds will be issued after May 1. Refunds of balance paid (up to \$225/participant) offered until June 1.



# PARTICIPANT REGISTRATION

PAGE 2

**PARTICIPANT INFORMATION** / This page will need to be completed for *each* participant

Legal Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Gender \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade as of June 1 \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

**UNIT SELECTION** / We do our best to honor everyone's first choice unit, however, there are no guarantees and registration is not necessarily first-come, first-served. If you do not select a second choice unit (or it is the same as first choice unit), participant will be placed in another unit by the admin staff.

2019 1st Choice Unit \_\_\_\_\_ 2019 2nd Choice Unit \_\_\_\_\_

Select All Previously Completed Units:  Genesis  Missionaries  Journeys  Shepherds  Revelations  
 Worshiptivity  Science & Faith  Bridges  Exodus

Would you like to participate in the AFFIRM Choir?  Yes!  No

**DISCLOSURES** / Submit any information that may help us ensure your child has a successful week at camp! All Information submitted in this section remains confidential between parents and AFFIRM staff. *If we feel that we are unable to appropriately accommodate these needs, we may choose to decline your application or, if the determination is made upon arrival, send the participant home.*

Medications / If your child is taking any over-the-counter or prescription medication, include a Medication Form.

Allergies or Dietary Needs / If none, write 'none' \_\_\_\_\_

Physical Limitations / If none, write 'none' \_\_\_\_\_

Emotional or Behavioral Concerns / If none, write 'none' \_\_\_\_\_

Is there anything in their medical history that will assist our team in the event that they require medical care?

Is there anything else we should know to ensure your child has a successful week at AFFIRM?

**INSURANCE** / If possible include a copy of your insurance card

Policy Holder \_\_\_\_\_ *If no insurance, provide participant's SSN* \_\_\_\_\_

Insurance Company \_\_\_\_\_ Insurance Co. Phone \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Member # \_\_\_\_\_

**SCHOLARSHIPS** / Complete this section if any amount will be paid toward your registration fee by a 3rd party. If you're applying for a Synod Scholarship you must also complete and submit the Scholarship Form by April 1.

Name of Scholarship Source \_\_\_\_\_ Expected Amount \$ \_\_\_\_\_

Name of Scholarship Source \_\_\_\_\_ Expected Amount \$ \_\_\_\_\_

*Please note: It is your responsibility to pay the registration amount in full. We will make every effort to apply funds received from 3rd party sources to the correct account. Be sure your participant's name is included in the memo of any checks sent to us!*

**Registration must be postmarked by May 1, 2019. Send completed forms to AFFIRM P.O. Box 400 Decatur, GA 30031**



**YAYMI APPLICATION**

PAGE 1

**PARTICIPANT INFORMATION**

Participant Legal Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Primary Mailing Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Gender \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade as of June 1 \_\_\_\_\_ Age \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Primary Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Select All Previously Completed Units:  Genesis  Missionaries  Journeys  Shepherds  Revelations  
 Worshiptivity  Science & Faith  Bridges  Exodus

**EMERGENCY CONTACT / Other than parent listed above**

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

**PASTOR ENDORSEMENT / We will reach out to your pastor for an endorsement**

Home Congregation \_\_\_\_\_ City/State \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Pastor's Email \_\_\_\_\_

**INSURANCE / If possible include a copy of your insurance card**

Policy Holder \_\_\_\_\_ *If no insurance, provide participant's SSN* \_\_\_\_\_

Insurance Company \_\_\_\_\_ Insurance Co. Phone \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Member # \_\_\_\_\_

**SYNOD LIABILITY WAIVER**

In consideration of being accepted by the Southeastern Synod, ELCA for participation in youth ministry events, I (we) do for myself (ourselves) and on behalf of my child/participant do hereby release, forever discharge, and agree to forever hold harmless the Southeastern Synod, ELCA, the employees, and agents thereof, from any and all liability, claims and demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by me or my child/participant resulting from said child's participation in the synod sponsored youth events, including travel, recreation and all associated activities. Further, I (we) (and on behalf of our child/participant under 18 years of age) hereby assume all risk of said personal injury, sickness, death, damage and expenses as a result of participation as above set forth. I also understand that staff and volunteers are responsible for the administration of prescribed medication and I (we) have made private arrangements for any medication taken on a daily schedule by my child/participant. I (we) am (are) the parent(s) or legal guardian(s) of this participant, and hereby grant my (our) permission for him/her to participant fully in said youth events, and give my (our) permission to take said to a doctor or hospital, share the above medical information and authorize medical treatment, including, but not limited to emergency surgery or medical treatment, and assume responsibility of all medical bills incurred by my child/participant. I(we) give permission for my child to receive over the counter medications such as Tylenol, ibuprofen, antidiarrheal medication, antibacterial ointment, throat lozenges, eye wash solution, and the like.

Participant Signature\* \_\_\_\_\_ Date \_\_\_\_\_

*\*Parent signature if participant is under 18*

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**PLEASE COMPLETE THIS APPLICATION PRAYERFULLY AND THOUGHTFULLY.**

What gifts and talents would you bring to the Young Adult Youth Ministry Institute? Include your Spiritual Gifts!

Describe your Youth Ministry experience. What age youth do you prefer to work with and why?

What attracted you to the Young Adult Youth Ministry Institute? What do you hope to gain from this experience?

How will you share this experience with others after AFFIRM week?

**LETTER OF REFERENCE** / YAYMI requires a recommendation for your participation in this program from someone other than your parent or primary pastor. You can include it or ask the reference to email it to AFFIRMSES@gmail.com.

**DISCLOSURES** / All Information submitted in this section remains confidential between you and the AFFIRM staff. You can update this info anytime via email. *Please note: If we feel that we are unable to appropriately accommodate these needs, we may choose to decline your application or, if the determination is made upon arrival, send the participant home.*

Medications / If you are taking any over-the-counter or prescription medication, include a Medication Form.

Allergies or Dietary Needs / If none, write 'none' \_\_\_\_\_

Physical Limitations / If none, write 'none' \_\_\_\_\_

Emotional or Behavioral Concerns / If none, write 'none' \_\_\_\_\_

Is there anything in your medical history that will assist our team in the event that they require medical care?

Is there anything else we should know to you have a successful week at AFFIRM?

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**PAYMENT** / \$425 per participant. A \$200 deposit is due with registration. A \$100 Synod Scholarship is awarded to each YAYMI participant. Balance is due in full no later than June 1. Online payments can be made at [sesyouth.org/AFFIRM](http://sesyouth.org/AFFIRM). Make checks out to ELCA SOUTHEASTERN SYNOD and include your name in the MEMO line.

Regarding Deposit Refunds: \$50 of deposit is non-refundable. \$150 of deposit is refundable if you cancel by May 1. No deposit refunds will be issued after May 1. Refunds of balance paid (up to \$225/participant) offered until June 1.

**SCHOLARSHIPS** / Complete this section if any amount will be paid toward your registration fee by a 3rd party. The Synod provides a \$100 scholarship to each YAYMI participant - no additional form required. *Please note: It is your responsibility to pay the registration amount in full. We will make every effort to apply funds received from 3rd party sources to the correct account. Be sure your name is included in the memo of any checks sent to us!*

Name of Scholarship Source \_\_\_\_\_ Expected Amount \$ \_\_\_\_\_

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**Registration must be postmarked by May 1, 2019. Send completed forms to AFFIRM P.O. Box 400 Decatur, GA 30031**



# COMMUNITY GUIDELINES

**As a Christian Community grounded in Scripture, striving to give and receive affirmation, each member of the community will...**

Assume Full Responsibility for Your Own Behavior by:

- A. Being present for the entire event and participating in ALL activities with your Unit as well as AFFIRM Community activities.
- B. Remaining within the physical boundaries of the AFFIRM community.
- C. Being inside your dorm, on your hall, at evening devotion time.
- D. Wearing an I.D. at all times.
- E. Not bringing alcoholic beverages, drugs, cigarettes, Juul/vape pens, weapons including firearms and knives, fireworks, or other inappropriate or illegal items. There is a 100% no-smoking or vaping policy for this event!
- F. Giving a CASH deposit of \$50 for your room. This deposit is refunded if your room is in good condition and key is returned.
- G. Keeping your room locked at all times (AFFIRM is not responsible for lost or stolen items).
- H. Wearing Christian community appropriate clothing & shoes at all times, unless at the pool or in your room.
  - I. Making no alterations to your physical appearance (ie. dying hair, piercings, etc.).
- J. Refraining from use of electronic devices outside of dorm rooms or during free time. Devices should not be used during Unit time or AFFIRM Community events unless specifically allowed by unit director. Staff will have cell phones available for emergency situations.

Be Respectful TO and OF Others by:

- A. Being in your room, music off, quiet, and lights out at predetermined time on schedule.
- B. Staying on the dorm floor/wing/room assigned unless accompanied by a staff member.
- C. Taking care of property and equipment not belonging to you and reporting any damaged items to the AFFIRM staff immediately (you will be charged for damages you cause).
- D. Respecting the community boundaries. This is a closed Christian Community – you may not invite outside guests or leave the campus unless approved by the Affirm Director(s).

Be Supportive of All AFFIRM Staff, Participants, and UWA Campus Personnel by:

- A. Modeling our Christian beliefs through your behavior.
- B. Arriving on time to scheduled events, beginning with registration on Sunday from 2:00-5:00pm all the way through pick-up on Friday at noon. This means participants may not arrive before registration and should stay through the entire event.
- C. Not switching rooms (as a matter of safety).
- D. Reporting all sickness or injury to your Affirm staff and medical team and allowing all prescription and over the counter medicines to be given by the Medical staff only. No medications shall be self-administered.

To provide clear boundaries to promote a SUCCESSFUL event, one or more of the following responses will be enacted for violations of the established rules:

1. Warning to Participant / Clarification and review of the guidelines.
2. Acknowledgement of Behavior / Fair and appropriate steps will be taken to rectify the problem within the small group or by the Unit Directors if possible. A form will be signed & dated at this meeting. Parents will be notified.
3. Participant Sent Home / At the discretion of the Affirm Director and Unit Directors, participant to be picked up as soon as possible or sent home at parent's expense. The participant will not be allowed to return to the AFFIRM community at any point during this event. In some cases, they may also not be allowed at future events.

Observing these guidelines will help our time together to be more effective and safe, allowing each of us to receive maximum benefit from the event.

**By signing below, I signify that I have read and understand these Guidelines and agree to observe them at AFFIRM 2019.**

**As parent/guardian to this participant, I understand these Guidelines and agree to support my participant in abiding by them.**

\_\_\_\_\_  
STAFF / PARTICIPANT SIGNATURE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE



# THE UNIVERSITY OF WEST ALABAMA LIABILITY RELEASE, WAIVER, ASSUMPTION OF RISK, AND COVENANT NOT TO SUE

Read this document completely before signing. Its effect is to release the University of West Alabama (UWA), its governing board, and the State of Alabama from any liability resulting from your participation in the activities described below, and to waive all claims for damages or losses against UWA which may arise from such activities.

PARTICIPANT'S FULL NAME: \_\_\_\_\_ DATE OF BIRTH(MM/DD/YYYY): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CHECK ONE:  STUDENT  NON-STUDENT

I, the undersigned participant, exercising my own free choice to participate voluntarily in field trips, travel to athletic events, campus activity board events, wellness and fitness activities, recreational activities, intramurals, swimming lessons, and other activities related to UWA, while promising to take due care during such participation, hereby release, relieve, and discharge, indemnify, hold harmless and covenant not to sue UWA and its members, officers, agents, employees, and any other persons or entities acting on their behalf, and the successors and assigns of any and all of the aforementioned persons and entities, for any and all claims, demands, damages, and causes of action whatsoever, whether known or unknown, in the past, present or future, either in law or in equity, relating to injury, disability, death, or other harm to person or property or both arising out of my participation in and/or presence at the above listed Activities.

I acknowledge that I am aware of the hazards and risks that may be associated with my participation in the above-named activities, including the risks of bodily injury, death, or damage to property that may occur from known or unknown causes. I understand, accept, and assume all such hazards and risks, and waive all claims against UWA and other persons as set forth herein. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage sustained through my participation in all acts associated with the above-identified activities. It is my intent by the execution of this Release to fully bind myself, my parents, spouse, heirs, legal representatives, and assigns to all of the provisions of this Release.

I expressly acknowledge by my execution of this Release that it is my intent that this Release is to be construed to be as broad and inclusive as permitted by the laws of the State of Alabama and that, if any portion is held to be invalid, it is agreed that the balance shall continue in full force and effect. I understand and agree that the execution of this Release and my voluntary consent to be bound by the terms and conditions set out herein are a material consideration for UWA offering and allowing my participation in the Activities, and that but for the execution of this Release no such activity would be available to me. I acknowledge the receipt and sufficiency of such valuable consideration in order to fully bind me, my heirs, representatives, or assigns to the provisions of this Release.

I specifically acknowledge and assume all risk and responsibilities relating to, directly or indirectly, my participation in the Activities, and specifically understand and agree that UWA may not have medical personnel available at the location of the Activities, and that UWA assumes no responsibility for any injury or damage which might arise out of or in connection with the Activities described above and any medical treatment provided to me by UWA or by any third party as a result of participation in such Activities. I further agree to comply and be bound by any UWA rules or regulations, as amended that relate to the Activities identified herein. In signing this Release, I acknowledge and represent that I have fully informed myself of the contents of the foregoing release by reading it before I sign it, and I understand that I sign this Release as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written provisions, have been made to me by UWA or any third party prior to or in consideration of the execution of this Release. I warrant and understand that UWA has relied upon my representations and agreements set out in this Release as adequate and sufficient consideration relating to the execution of this Release, and I fully intend to be bound by the same. I further represent to UWA that there are no health-related reasons or problems which preclude or restrict my participation in the Activities, and that I have adequate insurance necessary to provide for and pay any medical costs that may be incurred as a result of injury to me or any third parties.

READ, UNDERSTOOD, AND AGREED TO THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature of Participant whose printed name is above

\_\_\_\_\_  
Signature of Witness over 19 years of age  
(Participant must sign in the presence of the Witness)

I, \_\_\_\_\_, am the parent or legal guardian of the Participant who has signed above. I have read and I understand the provisions of this document, I consent to the participant taking part in the Activities described above, and I fully enter into and agree to be bound by the terms of the Liability Release, Waiver, Assumption of Risk, and Covenant Not To Sue set out hereinabove.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Witness over 19 years of age  
(Parent/ Guardian must sign in the presence of the Witness)



## MEDICATION FORM

1 per participant

**Instructions:** Complete this form in its entirety and submit with your registration or via email any time prior to check-in. This allows our medical team time to review and, if necessary, follow-up with any questions or concerns. We also strongly encourage you to bring a most-up-to-date version to check-in.

**What to Send:** AFFIRM medical team stocks things like Advil, tums, sudaphed, etc. Do not send these medications with your participant 'in case'. However, if your participant routinely takes any kind of medication, requires an epi-pen or other prescribed 'in case' meds, plan to send that medication with them and complete this form.

**What to Report:** **ALL MEDICATION YOU ARE SENDING WITH YOUR PARTICIPANT SHOULD BE REPORTED.** AFFIRM policy dictates that all medications - prescription or over the counter - including, but not limited to, name brand or generic versions of Advil/Tylenol/Ibuprofen, Tums, Sudafed, etc., - be turned over at check-In and only be administered by our Medical Team. The AFFIRM Medical team is comprised of trained medical professionals with decades of experience in first aid care. They are on-call 24-7 during the event.

**How to Pack:** Loose pills not in the original packaging cannot be accepted. This includes medications in pill boxes or baggies. Only medications provided in their original packaging will be administered. Additionally, prescriptions must be written for the participant they are being administered to. Pack your participant's medications in a gallon sized ziploc bag with this form. Instead of packing it in your luggage, pack it with your 'carry-on' or backpack so that it is easily accessible at check-in.

If you have questions or concerns about this policy, please contact us at [AFFIRMSES@gmail.com](mailto:AFFIRMSES@gmail.com).

**Participant Name** \_\_\_\_\_ **Form Date** \_\_\_\_\_

Medication Name	Dosage	Frequency/Timing	Notes
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



# SCHOLARSHIP FORM

1 per family

AFFIRM Synod Scholarships are available to any participant who has registered for AFFIRM. First priority will be given to those with financial needs, especially those whose participation in the event are dependent on receiving a scholarship. Considerations will also be made based on diversity, additional costs to attend (i.e. travel), family size, and first-time participants.

All applications must be completed in full and signed by participant, parent/guardian and the pastor of your home congregation (the same pastor listed on your registration).

**Timeline:** Applications must be postmarked or received by April 1 to be considered.  
Scholarships will be awarded by April 15.  
An award letter will be sent to you and your pastor.

**Submit:** Via email to: AFFIRMSES@gmail.com -or- Mail to: AFFIRM PO Box 400 Decatur, GA 30031

Participant Name(s) \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Why is it important that your child(ren) attend AFFIRM?

Please explain the financial needs or other circumstances that support your request for scholarship support.

**Cost for AFFIRM is \$425/participant. If you are requesting scholarship for more than one participant, please list the total amounts your family is seeking, contributing, and receiving from your congregation.**

What total scholarship amount are you requesting from AFFIRM 2018? \$ \_\_\_\_\_

What amount will you contribute towards your registration? \$ \_\_\_\_\_

What amount will you receive from your congregation? \$ \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Pastor Signature \_\_\_\_\_ Date \_\_\_\_\_



# CONGREGATIONAL PAYMENT FORM

Please include this completed form with every check you send to the registrar. This helps us ensure that the funds you submit are applied to the correct participant account. Thank you!

**Payments should be sent to AFFIRM PO BOX 400 DECATUR, GA 30307**

**Questions?** Contact our registrar, Emily Gantert, via email at [AFFIRMSES@gmail.com](mailto:AFFIRMSES@gmail.com).

This is a volunteer position, so please allow 1-2 business days for a response.

Congregation Name \_\_\_\_\_ City/State \_\_\_\_\_

Total Check Amount \_\_\_\_\_ Check Number \_\_\_\_\_ Check Date \_\_\_\_\_

If we have questions about this check, who should we contact?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Participant Name	Amount to be allotted to this participant	Does this complete the funds to be contributed for this recipient?		
		Yes	No	Unsure
_____	\$ _____	Yes	No	Unsure
_____	\$ _____	Yes	No	Unsure
_____	\$ _____	Yes	No	Unsure
_____	\$ _____	Yes	No	Unsure
_____	\$ _____	Yes	No	Unsure
_____	\$ _____	Yes	No	Unsure
_____	\$ _____	Yes	No	Unsure
_____	\$ _____	Yes	No	Unsure
_____	\$ _____	Yes	No	Unsure