

# TRUTH MATTERS

**A Conference on Apologetics** (<http://www.aacf.org/apologetics>)

Saturday, February 27, 2010

**Fee:** \$20 (Cash or check payable to JEMS/AACF)

At the Door Registration: \$30 (lunch not included)

Mail form & registration fee by February 19<sup>th</sup> to:

*AACF Apologetics Conference*

*JEMS/AACF*

*948 E. Second Street*

*Los Angeles, CA 90012*

**LOCATION:** Wintersburg Presbyterian Church, 2000 North Fairview Street, Santa Ana, CA 92706

**TIME:** Registration begins at 8:30 AM; Conference ends at 3:00 PM; Lunch is included for all those who pre-register.

**Name** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**Church You Attend** \_\_\_\_\_

**Are you an AACF alumnus?** \_\_\_\_\_ **If so, which campus?** \_\_\_\_\_

**Emergency Contact: (Name)** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

## **Participation Agreement & Liability Waiver:**

I agree to participate in the program and abide by the regulations of this conference. I understand that this is a Christian conference and the staff at any time reserves the right to release me from the conference if I choose not to comply. Expenses for this will be charged to me, my parents or my guardian.

I voluntarily assume all risk and responsibility for my physical condition and for any injuries or damages to my person or property that I might sustain. I voluntarily release, indemnify, defend, and discharge JEMS, AACF, its directors, officers, employees or agents for any injury or damage to my person or property regarding my participation in the conference, including without limitation, travel to and from the conference, whether due to negligence, carelessness, or any other fault or cause. It is further understood that this waiver, release and assumption is binding on my heirs, personal representative(s), successors and assigns. With my signature below, I acknowledge that I have read this waiver, release, indemnify, defend and assumption of risk and fully understand its terms, conditions and meanings.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If under 18, parent or guardian signature required below.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**MEDICAL CONDITIONS/HANDICAPS:** Please state on the back of this form any restrictions, allergies, conditions, medication currently taken, and/or any special considerations for seating due to physical limitations.