

Living To L.A.S.T.

"Cultivating effective, godly men of action and character for the exaltation of Christ."

Release Form

I grant to Living To L.A.S.T., its staff and volunteers the right to film me and take photographs of me and my property in connection with the above-identified subject. I authorize Living To L.A.S.T. to use and publish the same in print and/or electronically. I agree that Living To L.A.S.T. may use such photographs of me for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I have read and understand the above:

are above.		
Participants Name (print)	Signature	Date
Guardians C	Consent (if participant is under 18)	
Name (print)	Signature	Date
OTHER INFORMATION		
Due to the active nature of some of the L.A.S.T., it is helpful for the staff to k	ne projects and workshops associated now the following:	with Living To
Do you have any allergies that you th	nink we should be aware of?	
Do you have any medical complication	ons that you think we should be awar	re of?
Do you have any other concerns that	you would like us to know about ahe	ead of time?

