Event Name: West Region Winter Student Spiritual Convocation 2025 Event Date(s): 12/21/25 to 12/26/25 (hereinafter "event")
General Media Release
☐ Yes, I agree:
I hereby grant the General Assembly of the True Jesus Church in the USA, related True Jesus Church local churches and houses of prayer, and their authorized officers, employees, volunteers, and agents (collectively, "TJC"), the absolute right and permission to copy, exhibit, use, take, alter, distribute, and/or publish my (or my child's) likeness, name, voice, and/or image, in whole or in part, whether in composite form and/or in conjunction with my (or my child's) name and other identifying information, in photographs, videos, or other media formats, whether now known or hereafter invented, for any lawful purpose whatsoever.
I also grant TJC the same rights and permission to use any written or verbal statements or testimonies (in whole or in part) made by me (or my child) for the same lawful purposes.
I hereby waive all rights, interests, claims for payment or other compensation in connection with TJC's exercise of its rights set forth here. Additionally, I hereby release, indemnify, and agree to hold harmless TJC from any and all liability in connection with TJC's exercise of its rights set forth herein.
☐ No, I choose to opt out :
I do not grant permission for the use of my (or my child's) likeness, name, voice, image, or statements. I understand that this means I (or my child) will not be included in official photos, recordings, or any media presentations collected, produced or published by TJC in connection with this event. I also acknowledge that this may limit my (or my child's) participation in certain activities of the event where media is captured.
Medical Consent and Liability Release
☐ Yes, I agree:
In case of a medical emergency involving me (or my child) during the course of the event and/or any activities related to my (or my child's) participation in the event, including without limitations, any activities during the course of my (or my child's) lodging arranged by the hosting church of the event, whether before or after the event, I authorize designated church personnel to provide or administer reasonably necessary medications, first-aid, and basic life-saving measures, unless I have provided written notice of specific restrictions. In addition, I hereby give permission to church personnel to arrange for me (or my child) to seek medical care and attention. I also authorize medical personnel to administer any necessary and appropriate care. I fully understand and acknowledge that participation in this event and/or any related activities is voluntary and at my (or my child's) own risk.
In consideration for being permitted to participate, I, on behalf of myself (or my child), and our next of kin, heirs, and legal representatives, promise to waive, release, discharge, hold harmless, indemnify, and forever defend the General Assembly of the True Jesus Church in the USA, the True Jesus Church in Irvine and all its/their authorized officers, employees, volunteers, and agents (collectively "TJC"), from and against any and all known or unknown, foreseen or unforeseen bodily or personal injuries, death or permanent injury, illnesses, property damage, or other losses, including all resulting consequences, expenses, costs, and attorney's fees, arising out of or in any way associated with participation in the event and/or any related activities, whether caused by negligence or not, to the fullest extent permitted by law.
I accept full personal and legal responsibility for any risks associated with participation and understand this release is binding and perpetual.
I further acknowledge and agree that in the event medical costs are not fully covered by my (or my child's) insurance, I shall bear full financial responsibility for all such uncovered expenses.
☐ No, I do not agree :
I do not grant medical consent or liability release for myself (or my child). I understand that this may limit my (or my child's) ability to participate in the event and/or any related activities.
Name of Participant:
Name of Parent/Guardian (if Participant is under 18):
Signature (Participant or Parent/Guardian if under 18):

Date: _____