

# Life INC Application

Date: \_\_\_\_\_



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phones: \_\_\_\_\_

Email: \_\_\_\_\_

.....**Love INC O**  
 PO Box 872  
 Sturgis, SD 57785

Fax: 605-716-4963  
 Email: lori@love-inc.us  
 Web: www.loveinonline.com

**1. List everyone living in your home (starting with your name).** Children are welcome at Life INC and childcare is provided.

Name	Children's Ages	Relationship (i.e. wife, son)	Are they going to Life INC too?	List relevant allergies, medical problems or behavioral issues

Check if you listed additional family member on the back.

**2. Emergency Contact, Name & Phone:** \_\_\_\_\_

**3. What is your hope/goal for taking Life INC?** \_\_\_\_\_

**4. Is there a particular class you want to take?** \_\_\_\_\_

**5. Wh** \_\_\_\_\_  @/#? \_\_\_\_\_

**6. Are you dealing with any life issues, losses or difficulties that we should know about in order to best help you?** \_\_\_\_\_

**7. Some classrooms have stairs. Do you need any accommodations?** \_\_\_\_\_

**Child Photography Release** Without compensation, I hereby grant permission to Love INC of the Black Hills and other participating organizations to use and reproduce photographs taken of my child. These photographs may be used for news and editorial purposes in publications, electronic reproductions (web sites), and/or brochures. In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I hereby release the photographer, the journalists, and the publications or media outlets they represent, as well as Love INC and other participating organizations, from all claims and liability relating to said photographs.

**Waiver and Release of Liability** On behalf of myself, my heirs, successors and assigns, my participating children, and those children of which I have been appointed to act as a legally appointed representative, I waive and release all claims for damages which we may have against Love INC, and churches, religious denominations or organizations participating in a Love INC event, and any agent or employee of any such organizations, arising from our death, injury, or illness arising from our participation. I am aware of the risks associated with volunteering or participating in Love INC of the Black Hills, including but not limited to, death or injury by accident, disease, weather conditions, inadequate medical services and supplies, criminal activity and random acts of violence. I voluntarily assume all such risks. I agree that this assumption of risk is intended to be as broad and inclusive as permitted by law.

**I have carefully read the foregoing assumption of risk and understand its contents, and I voluntarily sign this release as my own free agent. I also have read and agree to the child photography release.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date