HLUB 2014 Registration Release Form

(Release, Hold Harmless, and Authorization of Medical Care)

NO REGISTRANT WILL BE ADMITTED TO HLUB 2014 WITHOUT COMPLETING AND SIGNING THE FOLLOWING.

I realize that my participation in the HLUB 2014 Conference in Wheaton, IL July 14, 2014 through July 18, 2014, is voluntary. Understanding this, I (on behalf of myself, my family, and any others who might make a claim on my behalf) expressly assume any and all risks of property damage, injury, and/or death arising from my participation in the Conference. I knowingly and voluntarily release the Hmong District of the Christian and Missionary Alliance, members of its District Executive Committee, its officers, employees, members, volunteers, and agents (collectively, the "release Parties"), from any and all claims, losses, damages, and liabilities (whether known or unknown, foreseen or unforeseen) related to my participation in the conference.

I further agree to indemnify and defend the Released Parties from any and all claims, losses, damages, and liabilities related to any and all property damage, personal injury and/or death arising from my participation in the Conference, as may be asserted by a third party (defined as any party other than the Released Parties or me). In case I am in need of medical or surgical treatment to protect my health and welfare while participating in the Conference, I authorize and agree to allow any authorized agent or employee of the Hmong District of the C&MA to consent to and authorize the administering of such necessary medical and/or surgical treatment.

Date: _______/_______/___________

Signature: ____
(Participant)

Print Name: ____

For Participants Under the Age of Eighteen:
I represent that I am the parent/legal guardian of _________________, who is under the age of eighteen (18) or otherwise a minor in his or her state of residence. In consideration for allowing the participation of my child/ward in HLUB 2014 Conference, I hereby agree to be bound by the terms of the above Release, Hold Harmless, and Authorization of Medical Care.

Date: _______/_______/___________

Signature: ____
(Parent/Legal Guardian)

Print Name: ____

Emergency Contact: ___________________________________ **Phone Number**: __________________________

Allergies: ____

Medication(s) being taken and how often: ____

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