



HLUB 2020 Release Form

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

NO REGISTRANT WILL BE ADMITTED TO HLUB 2020 WITHOUT COMPLETING AND SIGNING THE FOLLOWING.

I realize that my participation in the HLUB 2020 Conference in Wheaton, Illinois from July 12, 2020 through July 16, 2020 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 (C&MA), members of its District Executive Committee, its officers, employees, members, volunteers, and agents (collectively, the "Released 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 HLUB 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 HLUB 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 ALL 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 the HLUB 2020 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: _____ Relationship: _____

Phone Number: _____

Allergies: _____

Medication(s) being taken and how often: _____