

SALT2015 Release Form

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

**NO REGISTRANT WILL BE ADMITTED TO SALT 2015
WITHOUT COMPLETING AND SIGNING THE FOLLOWING.**

I realize that my participation in the SALT 2015 Conference in Wheaton, Illinois from July 22, 2015 through July 26, 2015, 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 SALT 2015 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: _____
