

Individual Registration - Health - Release Form

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|---|
| GROUP LEADER NAME <i>if 2 or more people are attending together</i> |
| City, State _____ |

Name _____

CMA# _____

Birthdate _____ Age _____ Gender M F

Mailing Address _____

City,State,Zip _____

Email _____

Phone/Cell _____

RELEASE & AUTHORIZATION FOR MEDICAL TREATMENT - ALL ATTENDEES MUST PROVIDE SIGNED RELEASE

By signing below, the participant or parent/guardian of their minor participant acknowledges and accepts the risks of physical injury associated with participation. Except for gross negligence on the part of the sponsor, the participant and parent/guardian accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant and parent/guardian promise to hold harmless the sponsoring organization and its representatives for any injury related to the activity. If a dispute over this agreement or any claim for damages arises, the participant and parent/guardian of the participant agrees to resolve the matter through a mutually acceptable arbitration process. The undersigned participant or parent/guardian also authorizes the Christian Motorcyclists Association Youth Movement Staff to secure medical treatment for me/or my child in case of any illness or accident for which the event director or on-site first aid staff feels medical attention is required. I waive and release Christian Motorcyclists Association and its principals, organizers, sponsors, and their representatives and successors, from present and future claims and liabilities of any kind, known or unknown, arising out of my/my child's participation in this event or related activities, even though such a claim or liability may arise out of negligence or fault on the part of any of the foregoing persons or entities. I do also agree to assume responsibility for any property which I/my child knowingly damages. I grant permission to the foregoing persons and entities to use or authorize others to use any photographs, motion pictures, recordings, or any other record of my participation in this event or related activities for any legitimate purpose without remuneration. I authorize Christian Motorcyclists Association Youth Movement Staff to inspect and/or search my/my child's personal belongings.

X

| Signature of ATTENDEE or PARENT/GUARDIAN (if 17 or younger) | Relationship | Date |
|---|--------------|------|
|---|--------------|------|

BOTH PARENTS OR GUARDIANS: For ages 17 and under - Print Clearly

Name _____

Address,City,ST,Zip _____

Phone/Cell _____

Name _____

Address,City,ST,Zip _____

Phone/Cell _____

Emergency Contact _____ Relationship _____

Phone/Cell _____

HEALTH INFORMATION

Do you have any ongoing health concerns? YES NO If so, list below:

Will it be necessary for you to take medications during the event? YES NO If so, detail below and send in original packaging:

NOTE: Each student requiring medications during the event will be under the supervision of the event nurse

Medical Insurance: _____ Policy/Group # _____

PRE-REGISTRATION (Check One): Registration at the event is \$85 Youth/Adult or \$57 Volunteer/LIT

Student \$70 (age 12-18) Adult \$70 (age 18+) Volunteer/LIT \$46 State YM Rep

T-SHIRT (Circle Size if Purchasing): \$11 pre-register/\$16 at the event S M L XL 2X 3X

PAYMENT TYPE Check Discover Mastercard Visa Amount enclosed \$ _____

Card Number _____ Billing Zip Code _____

Expiration (mm/yy) _____ CVV # _____

Send completed registration/health/release form and full payment by **12/1** by phone/fax/email (postmark by **11/21**)

Mail: CMAEvents, PO Box 9, Hatfield, AR 71945 Email: events@cmausa.org Fax: 870-389-6199

Pre-reg closes 12/1. Cancellations by 12/21 are subject to \$20 refund fee. No refunds after 12/21. Contact us: 870-389-6196 opt. 7