

Chaperon Release Statement

Release, Hold Harmless, and Authorization of Medical Care

No registrant will be admitted to HLUB 2009 without completing and signing this form.

I realize that my participation in HLUB 2009 conference at Wheaton College, Wheaton, IL on July 27 to August 1, 2009 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, including transportation to and from the event. I knowingly and voluntarily release Hmong District, members of its District Executive Committee, its officers, employees, members, volunteers, agents, and the HLUB 2009 committee and staff (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 Release 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 Release 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 HLUB Staff Personnel to consent to and authorize the administering of such necessary medical and/or surgical treatment. I agree to pay for any and all expense(s) that this procedure may incur. I also affirm that I will comply with any and all stated or verbal conference rules, facility rules and the conference staff. I understand that violation of any of the above statements will result in disciplinary action(s) as deemed appropriate by the conference staff.

I testify that I _____ am an approved chaperon from my local church who is over the age of twenty-one (21), or otherwise a legal adult/guardian in my state of residence. In consideration for allowing my participation as chaperon to HLUB 2009 conference, I hereby agree to be bound by the terms of the above Release, Hold Harmless, and Authorization of Medical Care Form.

Print Name: _____

Npe Hmoob: _____

*Signature: _____ Date: ____ / ____ / ____

* By signing this application you agreed that you have read and understood the information on this form as a legal adult.

For Office Use Only:

Received on: ____ / ____ / ____ Reg. #: _____ Fee Confirmed by: _____

HLUB'09
Wheaton College, Wheaton, IL
July 26 – August 1, 2009

Adult Chaperon
(complete one form for each adult)

Legal Name: _____

Npe Hmoob: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ / _____ / _____ Birthday: ____/____/____ Gender: M____ F____

Name of pastor: _____ Phone: (____) _____

Church Name: _____ C&MA Church Code: ____ - ____ - ____

Emergency contact person: _____

Cell: (____) _____ Day: (____) _____ Night: (____) _____

Medical & Special Needs:

Allergies: _____

Medications & Dosage: _____

Other Needs: _____

I, _____, understand that as a chaperon, my ministry duty is to oversee my youth group, of whom I am in charge of and authorized to look after as call forth by my local church, of whom I am a member of. I know that I may or may not be asked to do or participate in any other duties while at HLUB'09. My priority is to the HLUB'09 attendees from my church.

Registration Fees: * Postmarked by June 26, 2009.....\$325.00 \$ _____

No application will be accepted after Friday, June 26th, 2009

All applications submitted **MUST BE PAID IN FULL.**

There will be **NO WALK-INS**

\$100 will be deducted from ALL refunds. No refund will be made after HLUB'09 end.

Any return check; 1) will be access a \$15 surcharge; 2) be forward to collection agency.

Rooms will be reserve "as it," please register as a youth group.

1 chaperon per every 10 attendees, equally for both guys and girls as require by the facility.

Enclose, a *Church Check* or *Money Order* (no personal checks accepted) payable to:

Hmong District / HLUB 2009

12287 Pennsylvania Street

Thornton, CO 80241-3113

For Office Use Only:

Received on: ____/____/____ Reg. #: _____ Fee Confirmed by: _____