

# Parents and Legal Guardian 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 the parent/legal guardian of \_\_\_\_\_ (student's name), 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 2009 conference, I hereby agree to be bound by the terms of the above Release, Hold Harmless, and Authorization of Medical Care Form.

For High School Graduate Participants Over the Age of 18;

I testify that I \_\_\_\_\_ (student's name), who is over the age of eighteen (18), graduated from high school during the 2008-09 school year, or otherwise a legal adult in my state of residence. I also understand that if an inaccurate age and school grade is forged, I will be liable legally. In consideration for allowing my participation in 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: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(participant)

Print Name: \_\_\_\_\_ Npe Hmoob: \_\_\_\_\_

\*Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(parent)

\* By signing this application you agreed that you have read and understood the information on this form as legal parents/guardian.

-----  
For Office Use Only:

Received on: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reg. #: \_\_\_\_\_ Fee Confirmed by: \_\_\_\_\_

# HLUB'09

Wheaton College, Wheaton, IL  
July 27 – August 1, 2009  
(This is not a function of Wheaton College)

## Individual Registration Form (complete one form for each person)

Legal Name: \_\_\_\_\_  
Hmong Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M\_\_\_\_ F\_\_\_\_

If Spring 2009 High School Graduate, over 18 (will need confirmation from parents):

Name of church approved chaperon: \_\_\_\_\_  
Name of pastor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Church Name: \_\_\_\_\_ C&MA Church Code: \_\_\_\_-\_\_\_\_-\_\_\_\_

For those 18 years of age: If your age and school are not accurate, should any legal issue arise, you will be held liable.  
HLUB leaders may call the pastor and legal parents to confirm the status of applicant's age and graduation.

Emergency contact person: \_\_\_\_\_  
Cell: (\_\_\_\_) \_\_\_\_\_ Day: (\_\_\_\_) \_\_\_\_\_ Night: (\_\_\_\_) \_\_\_\_\_

Medical & Special Needs:

Allergies: \_\_\_\_\_  
Medications & Dosage: \_\_\_\_\_  
Other Needs: \_\_\_\_\_

Registration Fees: First 2 siblings pay this amount each.....\$325.00 \$ \_\_\_\_\_  
\*Postmarked by June 26, 2009

No application will be accepted after Friday, June 26<sup>th</sup>, 2009

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

There will be **NO WALK-INS**

\$100 will be deducted from **ALL** refunds. Refund **MUST** be request prior to HLUB'09.

**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.

Sibling Discount for the:

3<sup>rd</sup> Sibling..... \$300.00 \$ \_\_\_\_\_  
4<sup>th</sup> Sibling and up..... \$275.00 \$ \_\_\_\_\_

P/K and M/K: ..... \$275.00 \$ \_\_\_\_\_  
Father's Name: \_\_\_\_\_

Enclose, a *Church Check* or *Money Order* for the correct amount payable to:

Hmong District / HLUB 2009  
12287 Pennsylvania Street  
Thornton, CO 80241-3113