



MASTER REGISTRATION for 2009—2010 Ohio District Youth Events

_____ Senior High Gathering
November 20—22, 2009, Dublin

_____ Junior High Gathering I
March 5—7, 2010, Mason

_____ Junior High Gathering II
March 12—14, 2010, Huron

_____ Servant Event
June 20—26, 2010, Caldwell

Church _____

City _____

Adult Leader _____

Leader contact information:
Phone: _____

E-mail: _____

Youth _____

Adults _____

Total _____ X \$150 = \$ _____

A deposit \$75 per person is due with registration. The
balance to be paid in full upon arrival at the Event.

Deposit enclosed: \$ _____

CANCELLATION POLICY: All registered participants fees must be paid in full at the time of the event. If for any reason a participant is unable to attend an event, **AFTER THE EVENT**, the parent needs to submit a written request to Karen Dutton, 6451 Columbia Road, Olmsted Falls, OH 44138

2009—2010 Ohio District Individual Registration

___ **2009 Senior High Gathering**

___ **2010 Jr. High Gathering I, Mason**

___ **2010 Servant Event**

___ **2010 Jr. High Gathering II, Huron**

Name _____ Male ___ Female ___ Youth ___ Adult ___ Birthdate ___/___/___

Home Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Alternate Phone (____) _____

Contact person in case of emergency if parents/spouse is unavailable _____

Relationship _____ Phone (____) _____

Church _____ City _____ Chaperone Attending _____

As a participant in an Ohio District Youth Event, I will at all times show respect for God, others and myself. I will respect the property of the hotel, other event sites and other participants. If there are any damages that I've caused, I will pay for them. I will honor the event guidelines, respect and follow the directions give by the organizers of the event, my leaders and any one else in authority. I will pray for the participants and all who are involved with the Ohio District Youth Events.

Participant Signature _____ Parent Signature _____

MEDICAL INFORMATION

Physician _____ Phone (____) _____ Dentist _____ Phone (____) _____

Insurance Company _____ Policy/Group Number _____

Please list any prescription medications, allergies or anything that may be helpful to know about this individual, should the situation arise. _____

EMERGENCY PROCEDURE: In the event of any emergency, leaders will make every effort to contact the parent, emergency contact and/or doctor. If this is not possible, please note your responses below.

___ YES ___ NO I authorize First Aid by staff or counselors.

If no was answered to any of the choices, YOU MUST indicate the procedure to be followed in the event you are not able to be contacted. _____

___ YES ___ NO I hereby authorize emergency medical care by hospital staff and/or doctor selected by staff or counselors.

___ YES ___ NO I authorize the physician selected by staff or counselors to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery.

PARENT _____

NOTARY _____

Release and Waiver of Liability

This release and Waiver of Liability ("Release") is executed this _____ day of _____, 2009/2010, by _____ (the "Participant") in favor of the Ohio District of the Lutheran Church—Missouri Synod and its directors, officers, employees, volunteers, agents, members (including, its congregations, in general, and the congregation of which the Participant may be a member, in particular), successors and assigns (collectively referred to as the "Ohio District").

I, the Participant, hereby freely and voluntarily, without duress, execute this Release under the following terms:

1. **Waiver and Release.** I hereby release and forever discharge and hold harmless the Ohio District from any and all liability, claims, demands and causes of action of whatever kind of nature, either in law or equity, which may hereafter arise from my participation and/or service with or related to the youth event known as (circle the event attending) Ohio District Senior High Gathering, Ohio District Junior High Gathering, Servant Event and/or any related project, activity, or event sponsored, managed, arranged, or promoted by or otherwise affiliated or associated with the Ohio District in which I participate or render service.

I understand and acknowledge that this Release discharges the Ohio District from any liability or claim that I may have with respect to any bodily or other injury, illness, death or property damage that may result from my participation and/or service. I also understand that the Ohio District does not assume any responsibility or obligation to provide financial assistance, including, but not limited to, medical, health, or disability insurance, in the event of injury, illness, death or property damage.

2. **Insurance** I understand that the Ohio District may elect to provide group accident or other liability insurance for the benefit of its volunteers. Any coverage so provided will be governed by the applicable policy language. Except to the extent that it may provide such insurance, the Ohio District does not carry or maintain any health, medical, disability, damage, or other liability insurance coverage for the benefit of its volunteers, and expressly disclaims any responsibility or obligation to do so. AS A VOLUNTEER OR PARTICIPANT, I AM EXPECTED AND ENCOURAGED BY THE OHIO DISTRICT TO MAINTAIN MEDICAL, HEALTH AND ALL OTHER APPLICABLE INSURANCE COVERAGE FOR MY OWN BENEFIT.

3. **Medical Treatment** Except as otherwise agreed to by the Ohio District in writing, I hereby release and forever discharge the Ohio District from any and all liability claims, demands, and causes of action whatsoever that may arise on account of any first aid or other medical treatment rendered during my participation with the event identified above or any project, activity or event sponsored, managed, arranged or promoted by, or otherwise affiliated or associated with the Ohio District.

4. **Assumption of Risk** I understand that my participation with the event identified above and any other project activity, or event sponsored, managed, arranged, or promoted by, or otherwise affiliated or associated with the Ohio District may include activities that may be hazardous to me. I further recognize and understand that such service or participation may involve certain inherently dangerous activities. I hereby expressly and specifically assume the risk of injury or harm in the activities and release the Ohio District from all liability for injury, illness, death and/or property damage that may result.

5. **Photography/Audio Release** I do hereby grant and convey unto the Ohio District all rights, titles, and interest in and to any and all photographic images and video or audio recordings made by or on behalf of the Ohio District, or made with its consent, during my participation in the event identified above or any project, activity or event sponsored, managed, arranged, or promoted by, or otherwise affiliated or associated with the Ohio District, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. **Other** I expressly understand and agree that this Release is intended to be as broad and inclusive as permitted by law, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Ohio. I agree that in the event that any clause of provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release.

By signing below, I acknowledge that I have read and understand the Release, and agree to its provisions.

Signature of Participant _____ Date _____

Signature of Parent or Guardian _____ Date _____