

Individual Registration - Health - Release Form

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. The undersigned participant or parent/guardian also authorizes the Christian Motorcyclists Association Youth Movement Staff to search and seizure for which the event director deems necessary. 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.

X

SIGNATURE REQUIRED (PARENT or GUARDIAN or ATTENDEE if 18 or older)	Relationship	Date
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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 # _____

EARLY BIRD REGISTRATION must be received by May 1st. (Check One):

Student \$79 (age 12-18) LIT \$79 (age 18-25) Adult Volunteer \$79

T-SHIRT (Circle Size if Purchasing): \$12 S M L XL 2X 3X

REGISTRATION must be received by June 1st. (On-site Registration not guaranteed) (Check One):

Student \$99 (age 12-18) LIT \$99 (age 18-25) Adult Volunteer \$99

T-SHIRT (Circle Size if Purchasing): \$16 S M L XL 2X 3X

PAYMENT TYPE Check Discover MasterCard Visa Amount Enclosed \$ _____
 Card Number _____
 Expiration (mm/yy) _____ Code # _____ Billing Zip Code: _____

Send completed registration/health/release form and full payment for Early Bird by 5/1 or Regular Registration by 6/1.

Incomplete forms cannot be processed. Please ensure all fields are complete and **release is signed.**

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

Cancellations by 6/12/2017 are subject to \$20 refund fee. No refunds after 6/12/2017. 870-389-6196 opt. 7