

## Release Form

*Release, Hold Harmless, and Authorization of Medical Care*

**NO REGISTRANT WILL BE ADMITTED TO LIFE 2010  
WITHOUT COMPLETING AND SIGNING THE FOLLOWING.**

I realize that my participation in the LIFE 2010 Conference in Louisville, Kentucky, July 6, 2010 through July 10, 2010, 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. I knowingly and voluntarily release the C&MA, members of its Board of Managers, its officers, employees, members, volunteers, and agents (collectively, the "Released 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 Released 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 Released 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 agent or employee of the C&MA to consent to and authorize the administering of such necessary medical and/or surgical treatment.

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature: \_\_\_\_\_  
(Student)

Print Name: \_\_\_\_\_

### For Participants Under the Age of Eighteen:

I represent that I am the parent/legal guardian of \_\_\_\_\_, 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 LIFE 2010 Conference, I hereby agree to be bound by the terms of the above Release, Hold Harmless, and Authorization of Medical Care.

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature: \_\_\_\_\_  
(Parent)

Print Name: \_\_\_\_\_

**NOTE:**

It is the responsibility of the Group Leader to have one completed Medical Release Form per registrant with him/her at the LIFE 2010 Conference.