

Adult Participant Information & Waiver Form

APPENDIX #2

The information collected in this form is confidential and will only be shared in a medical emergency.
Thank you for taking the time to fill out the form in its entirety.

Conference Attendee Information

Participant's Full Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone Number: _____ Cell Number: _____

Emergency Contact Information

1st Emergency
Contact Name: _____
Relation to Participant: _____ Home Phone Number: _____
Cell Phone Number: _____ Work Phone Number: _____
Place of Employment: _____
2nd Emergency
Contact Name: _____
Relation to Participant: _____ Home Phone Number: _____
Cell Phone Number: _____ Work Phone Number: _____
Place of Employment: _____

Waiver/Release Information

I understand and agree that I am responsible for arranging my own health, accident, and liability insurance, and that no such insurance is provided by MID-APPALACHIAN QUILTERS (MAQ) — [insert Conference/Organization] and/or Gettysburg College.

I hereby authorize the employees and/or agents of MAQ [insert Conference/Organization] and/or Gettysburg College, at their sole discretion, to secure such medical advice and/or services as may be deemed necessary for my health and safety, and I agree to accept full financial responsibility for such advice or services.

RELEASE AND INDEMNIFICATION. FOR MYSELF AND ALL THOSE WHO MAY CLAIM THROUGH ME OR IN MY PLACE, AND IN EXCHANGE FOR AND IN CONSIDERATION OF MAQ [insert Conference/Organization] AND GETTYSBURG COLLEGE PERMITTING ME TO PARTICIPATE IN THIS CONFERENCE AND RELATED ACTIVITIES, I HEREBY ASSUME ALL THE RISKS OF INJURY ASSOCIATED WITH THIS CONFERENCE AND RELATED ACTIVITIES AND AGREE TO RELEASE, HOLD HARMLESS, AND INDEMNIFY MAQ [insert Conference/Organization] AND GETTYSBURG COLLEGE, AND THEIR OFFICERS, AGENTS, AND EMPLOYEES FROM ANY AND ALL LIABILITY, ACTIONS, CAUSES OF ACTION, NEGLIGENCE, CLAIMS OR DEMANDS OF ANY NATURE WHATSOEVER THAT MAY ARISE BY OR IN CONNECTION WITH MY PARTICIPATION IN THIS CONFERENCE AND RELATED ACTIVITIES.

In signing this document I acknowledge that I am 18 years of age or older, that I have read it, that I understand it, that I have signed it knowingly and voluntarily, and that I accept and intend to be legally bound by its terms.

Date: _____ Signed: _____
Name Printed: _____

This form must be completed, printed, and mailed, emailed (scanned as a PDF file), or faxed to the Conference Director.