



MBCD – 2018 Registration Form

August 17-19, 2018

First Baptist Church Arnold

2012 Missouri State Rd., Arnold, MO 63010

Please Print (Families use one form)

Last Name			Church Name		
Address			Church Address		
City	State	Zip	Church City	State	Zip
Phone	VP	TDD	Church Phone	VP	TDD
	Fax	Voice		Fax	Voice
Email Address			Church Email Address		

Important: To be a voting member of MBCD/MOASBID you must

1. Be a member of a Southern Baptist Church
2. Be active in the Deaf Ministry/Deaf Church
3. Registered at the annual meeting of MBCD
4. Adults have form signed by Pastor or other staff in your church

Name	Messenger___ Visitor___	Deaf ___ Hard of Hearing ___ Hearing ___ Interp ___
Spouse	Messenger___ Visitor___	Deaf ___ Hard of Hearing ___ Hearing ___ Interp ___
Child	Messenger___ Visitor___	Deaf ___ Hard of Hearing ___ Hearing ___
Child	Messenger___ Visitor___	Deaf ___ Hard of Hearing ___ Hearing ___
Child	Messenger___ Visitor___	Deaf ___ Hard of Hearing ___ Hearing ___

To add more Children use the back page of this form.

Pastor or Church staff/leader

Signature Position Date

Early registration by August 4th

After August 4th registration will increase \$25.00 for each person and for each family.

Saturday Lunch fee: \$5.00

Registration: \$75.00 per person (\$25.00 added if late)

\$125.00 per family - 4 person limit.

(\$25.00 additional if after Aug 5st)

Child (4-12) - \$25.00 (no additional late fee added)

Toddler (0-3) Free

Registration, Release & Medical forms

**Mail to: Vivian Crowley
1354 E. Arlington St.
Springfield, MO 65803**

MOASBID Workshops \$60 Saturday ONLY

CEUs are available for the workshop

More information see MBCD Website – MBCDeaf.org



GENERAL RELEASE AND INDEMNIFICATION

(FOR ADULT PARTICIPANTS AGED 18 AND OVER)

For and in consideration of the Missouri Baptist Conference of the Deaf, Inc. (MBCD) and permitting me, PARTICIPANT, to participate in the First Baptist Church Arnold of Arnold, MO (FBCA) permitting me, PARTICIPANT, to participate in the Missouri Baptist Conference of the Deaf to be held Aug 17-19, 2018 hereafter referred to as "CONFERENCE", I hereby release the MBCD from all claims, demands, suits, causes of action, or judgments which I ever had, now have, or may have in the future or which my heirs, executors, administrators, or assigns may have, or claim to have against the arising out of or in any way connected with the CONFERENCE, for all personal injuries, known or unknown property damages or claims for wrongful death, caused by the acts, omissions, or negligence of the MBCD or FBCA.

Assumption of risk

I am aware of the risks associated with participation in the above event and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities, whether caused by MBCD's or FBCA 's negligence or otherwise. Media Consent. I give my consent and permission for the taking of photographs and/or video of me (or my child) during the described event and waive and/or assign any and all rights (including copy right) in such media to MBCD/ FBCA. MBCD/ FBCA, as the sole owner of such media shall have the exclusive right to control and determine the use, display, performance, reproduction and dissemination of any such photographs and/or videos.

Understanding 2.

I represent and acknowledge that have completely read and understand this document and all its terms, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this General Release and indemnification form shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/mediation organization for binding resolution. I further agree to indemnify and hold harmless the MBCD/ FBCA from all claims, demands suits, causes of action or judgments which PARTICIPANT ever had, now have, or may have In the future or which PARTICIPANT'S heirs, executors, administrators, or assigns may have, or claim to have against the MBCD/ FBCA arising out of or in any way connected with the CONFERENCE, for all personal injuries, known or unknown property damages, or claims for wrongful death, caused by the acts, omissions, or negligence of the MBCD/ FBCA and on MBCD/ FBCA 's behalf and in MBCD/ FBCA's name, defend at my own expense any such claims, demands, suits causes of action, or judgments described above.

BY: _____
PARTICIPANT's Signature (aged 18 years and over)



GENERAL RELEASE AND INDEMNIFICATION

(FOR PARTICIPANT AGED 17 AND UNDER for each child)

MINOR (Under age 18) PARTICIPANT'S NAME: _____
(Please print)

I hereby represent that I am the parent or legal guardian of PARTICIPANT who is under the age of 18. For and in consideration of the Missouri Baptist Conference of the Deaf (MBCD) and permitting me, PARTICIPANT, to participate in First Baptist Church Arnold of Arnold, MO (FBCA) Permitting me, PARTICIPANT to participate in the Missouri Baptist Conference of the Deaf to be held Aug 17-19, 2018 hereafter referred to as "CONFERENCE", I hereby release the MBCD from all claims, demands, suits, causes of action, or judgments which I ever had, now have, or may have in the future or which my heirs, executors, administrators, or assigns may have, or claim to have against the arising out of or in any way connected with the CONFERENCE, for all personal injuries, known or unknown property damages or claims for wrongful death, caused by the acts, omissions, or negligence of the MBCD or FBCA.

I further agree to indemnify and hold harmless MBCD or FBCA from all claims, demands, suits, causes of action or judgments which PARTICIPANT ever had, now have or may future or which PARTICIPANT'S heirs, executors, administrator, or assigns may have or claim to have against the MBCD/FBCA arising out of or in any way connected with the CONFERENCE, for all personal injuries, know or unknown, property damages, or claims for wrongful death, caused by the cats, omissions or negligence of the MBCD/FBCA and on MBCD/FBCA's behalf and in MBCD's/FBCA's name, defend at my own expense any such claims, demands, suits, causes of action, or judgments described above.

Assumption of Risk: I am aware of the risks associated with participation in the above event and do hereby voluntarily assume full responsibility for any risk or loss, property damage or personal injury, including death that may result from participation in event activates, whether caused by MBCD/FBCA's negligence or otherwise.

Medical Emergencies: In the event of injury or a medical emergency, I understand that the church's group leader, not MBCD or FBCA will be responsible for the medical care of all attendees. It will be the church group leader's responsibility to assess medical needs, obtain and consent to appropriate medical care, transport persons in need of medical care and contact parents or guardians of minors. I release MBCD and FBCA from any and all liability related to medical treatment. In addition, I assume the risk and financial responsibility for any injury resulting from the attendee's participation in all MBCD and FBCA events.

Transportation release: I (we) hereby waive, release and discharge MBCD, FBCA, their staff, employees and agents from any claim or cause of action of any kind related to transportation of the above minor child, to and from any MBCD/FBCA events in which said child may participate, Also I (we) waive any claim against the driver/owner of any vehicle used in the transportation of my child from any action arising during, before, after or otherwise related to the MBCD/FBCA event.

Understanding: I represent and acknowledge that I have completely read and understand this document and all its term, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that is any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/mediation organization for binding resolution.

Media Consent: I give my consent and permission for the taking of photographs and/or video of me (or my child's) during the described event and waive and/or assign any and all rights (including copyright) in such media to MBCD/FBCA. MBCD/FBCA, as the sole owners of such media, shall have the exclusive right to control and determine the use, display, performance, reproduction and dissemination of any such photographs and/or video.

DO NOT SIGN UNTIL IN THE PRESENCE OF A NOTARY PUBLIC

Signature of Parent(S) or Legal Guardian(S) _____
DATE

NOTARY PUBLIC .My Commission expires _____

CANNOT BE NOTARIZED BY SELF OR SPOUSE

Sworn and subscribed before me this the _____ Day of _____, year _____

Copy· (1) Church leader or chaperone or parent/guardian
(2) MBCD



Medical Form

Name of church and group leader or chaperone

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN FOR PARTICIPANT UNDER AGE 18 one for each child

Full Name of Child _____ Birth date _____

Complete Mailing Address of Child _____

Phone # (_____) _____ - _____ Sex: Male _____ Female _____

Father's Name _____ Work Phone (_____) _____ - _____

Mother's Name _____ Work Phone (_____) _____ - _____

Legal Guardian's Name _____ Work Phone (_____) _____ - _____

Please provide the name of another contact person in case parents cannot be contacted for an emergency situation.

Contact Person Name _____ Phone (_____) _____ - _____

Relationship to child: _____

Insurance Information

Medical Insurance Company _____ Policy # _____

Complete Mailing Address of Insurance Company _____

Phone Number of Insurance Company (_____) _____ - _____

Name of Policy Holder _____

Policy Holder's Employer _____

**You will be required to furnish your social security number to appropriate medical staff
If family does not have medical insurance, please bring your credit card, Medicaid or Medicare information.**

Medical Information

Family Physician's Name _____ Phone (_____) _____ - _____

Is your child allergic to any medications? _____ If so list names of medicines: _____

Is there any special health information, medication, allergies, we should know about your child? _____

If yes, please explain: _____

Date of last tetanus immunization _____ Are all immunizations current? Yes _____ No _____

Copy: (1) church leader or chaperone or parent/guardian
(2) MBCD File