



# MBCD – 2019 Registration Form

**August 16-18, 2019**

Crossway Baptist Church  
2900 N. Barnes, Springfield, MO 65803

**Please Print** (Families use one form)

First Name	Last Name	<b>Circle One</b> Married Single		<b>Gender</b> Male Female	
Address		City	State	Zip Code	
Phone	<b>Circle One</b> VP TDD Cell Fax Voice		Email Address		
Church Name:		Church Phone :		VP	TDD
				Fax	
Church Address:		City & State	Zip Code	Church Website:	

**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

Your 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 4<sup>th</sup>**

**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: Victoria Towobola**

**609 N. Spring Lake Dr.**

**Independence, MO 64**

**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 19 AND OVER)

For and in consideration of the Missouri Baptist Conference of the Deaf, Inc. (MBCD) and Crossway Baptist Church at Springfield, MO permitting me, PARTICIPANT, to participate in the Missouri Baptist Conference of the Deaf to be held Aug 16-18, 2019 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 assignees 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 Crossway Baptist Church.

## **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 Crossway Baptist Church's negligence or otherwise.

## **Media Consent**

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. MBCD/ CWBC, 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**

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/Crossway Baptist Church 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 assignees may have, or claim to have against the MBCD/Crossway Baptist Church 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/CWBC on MBCD's/Crossway Baptist Church's behalf and in MBCD's/Crossway Baptist Church's name, defend at my own expense any such claims, demands, suits causes of action, or judgments described above.

SIGNED BY: \_\_\_\_\_  
PARTICIPANT's (age 19 years and over)

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

PRINT NAME: \_\_\_\_\_



## GENERAL RELEASE AND INDEMNIFICATION (FOR PARTICIPANT UNDER AGE 19)

**MINOR (Under age 19) PARTICIPANT NAME:** \_\_\_\_\_  
(Please print)

I hereby represent that I am the parent or legal guardian of PARTICIPANT who is under the age of 19. For and in consideration of the Missouri Baptist Conference of the Deaf (MBCD) and Crossway Baptist Church of Springfield, MO permitting PARTICIPANT to participate in the Missouri Baptist Conference of the Deaf to be held Aug 16-18, 2019 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 Crossway Baptist Church.

I further agree to indemnify and hold harmless MBCD or Crossway Baptist Church 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/Crossway Baptist Church 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 acts, omissions or negligence of the MBCD/Crossway Baptist Church and on MBCD's/Crossway Baptist Church's behalf and in MBCD's/Crossway Baptist Church'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's/Crossway Baptist Church's negligence or otherwise.

**Medical Emergency.** In the event of injury or a medical emergency, I understand that the church's group leader, not MBCD or Crossway Baptist Church, 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 Crossway Baptist Church 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 Crossway Baptist Church events.

**Transportation release.** I (we) hereby waive, release and discharge MBCD, Crossway Baptist Church, 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/Crossway Baptist Church 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/Crossway Baptist Church events.

**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 copyright) in such media to MBCD/Crossway Baptist Church. MBCD/Crossway Baptist Church 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 videos.

**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 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.

**DO NOT SIGN UNTIL IN THE PRESENCE OF A NOTARY PUBLIC**

\_\_\_\_\_  
**SIGNATURE(S) OF PARENT(S) OR LEGAL GUARDIAN**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
**SIGNATURE OF NOTARY PUBLIC**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME OF NOTARY PUBLIC .  
**(CANNOT BE NOTARIZED BY SELF OR SPOUSE)**

\_\_\_\_\_  
My Commission expires

SEAL



# Medical Form

\_\_\_\_\_  
Name of church and group leader/chaperone

## TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN FOR ONE PARTICIPANT UNDER AGE 18

Full Name of Child:		Gender Male      Female		Birthday	
Street Address:		City		State	Zip Code
Phone Number:			<b>Circle One</b>		
			VP	TEXT	VOICE/Cell
Father's Name		Phone Number:		<b>Circle One</b>	
				VP	TEXT      VOICE
Mother's Name		Phone Number:		<b>Circle One</b>	
				VP	TEXT      VOICE
Legal Guardian's Name		Phone Number:		<b>Circle One</b>	
				VP	TEXT      VOICE
<b>Please provide the name of another contact person in case parents cannot be contacted for an emergency situation.</b>					
Contact's Person Name:		Phone Number:		VP   Text   Voice	
Relationship to child:					

### Insurance Information

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Complete Mailing Address of Insurance Company \_\_\_\_\_  
Street Address

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Insurance Company Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Policy Holder's Employer \_\_\_\_\_

Social Security Number of Child: \_\_\_\_\_

Social Security Number of Policy Holder: \_\_\_\_\_

Medicare or Medicaid Claim Number: \_\_\_\_\_

**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 foods/medicines:

---

---

---

---

Is there any special health information, medication, allergies, we should know about your child? Yes or No

If yes, please explain:

---

---

---

---

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

Date of last series of immunizations: \_\_\_\_\_