

MOASBID 2019 Workshop Registration Form

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

() Non-Verbal Aspects of ASL 9:00am – 12:00pm; 2:00pm – 5:00pm \$60.00

Mail completed registration form with check or money order payable to **MBCD** to:
Vivian Crowley, 1354 E. Arlington Street, Springfield, MO 65803

NOTE: For interpreters registered for the MBCD Annual Conference, the workshops are included in the conference registration fee.

Refund/Cancellation Policy:

A 50% refund will be issued for cancellations made 7 days prior to the workshop date.

No refund will be issued for cancellations made less than 7 days prior to the workshop date.

For any reasonable accommodations or if you have any questions regarding the workshops, please contact Karen Sned at kamasn72@gmail.com or (314) 416-1281.





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: _____