

**VIETNAMESE YOUTH CONVENTION 2015
PARTICIPANT WAIVER RELEASE & MEDICAL FORM**



I, (participant's full name) _____ hereby agree to **waive and release any and all claims** for damages for personal injury or property which may result from my participation in the Vietnamese Youth Conference 2015 (hereinafter "Event") and any of its activities, including but not limited to transportation to and from the Event, against the promoters, sponsors, officials, organizers or leaders (hereinafter "Organizers") of the Event which is held from July 3, 2015 – July 5, 2015 at Pacific Lutheran University (PLU) in Tacoma, Washington.

I further understand that I am required to comply with all rules established by the Organizers or any of their designated agents. Any violation of any of these rules will subject myself to exclusion from further participation in the Event and I will be responsible for making arrangement to return home.

Further, I hereby waive any and all rights to any photographs, video-tapes, motion pictures, recordings, or any other record of this event or activity which may be made by the Organizers of the Event.

I also agree to allow any medical personnel the opportunity to treat an illness, injury, or any other medical condition. I agree to accept full responsibility for any medical costs which may result from my participation and for any treatment for any injury sustained while taking part in the Event.

This Waiver & Release is signed freely with full knowledge of terms and conditions as stated above.

Executed in the City of _____, State of _____.

Date: _____

Signature of Participant (if over 18)

**If you are age 16 or 17 at the time you sign this waiver form,
you and your parent MUST complete the section below.**

I, (full name of parent/legal guardian) _____, have read and understood all the terms and conditions above and hereby allow my child to participate in the Event and will assume all responsibility for my child as if I was a participant.

I understand that a since my child is a minor, the Event requires that a guardian must also register and attend the Event. Below is the name and contact information for my child.

Event Guardian Name

Relationship

(_____) _____ - _____
Phone

Parent Acknowledgement

Signature of Parent/Legal Guardian

Date: _____ Phone #: (_____) _____ - _____

I have read and/or discussed with my parents about this Waiver and Release and I understand and agree to comply with all rules applicable to me in connection to my participation in this event.

Signature of Minor Participant

Date: _____

MEDICAL INFORMATION

Participant Name: _____

Event Name: Vietnamese Youth Convention 5 (VYC 5) Date(s): July 3-5, 2015

In case of emergency, please notify:

Person 1
Name: _____

Person 2
Name: _____

Phone: _____

Phone: _____

Relationship: _____

Relationship: _____

Medical Information:

In the event a serious medical emergency occurs, care will be provided at a local medical facility. Please provide us with the following information as well as any additional information which would be appropriate for medical professionals to know in the event of an emergency.

Health Insurance Co. _____

Policy Number: _____

Group Plan Number: _____

Current Medications: _____

Known Allergies (drug, food, other): _____

Known Conditions (asthma, other): _____

Special Assistance required or any other important information: _____

In the event of an emergency, I authorize the VYC 5 staff and/or PLU and/or Central Pierce Fire & Rescue to arrange for emergency transportation and/or emergency medical care.

Signature of Participant*

Printed Name

Date

***Parent or legal guardian must also sign for participants under 18 years of age.**

Signature of Parent/Legal Guardian*

Printed Name

Date