

## **2017 US Go Congress Youth Attendance Agreement**

Neither the American Go Association (AGA), the 2017 US Go Congress, nor the 2017 US Go Congress staff and volunteers (hereinafter, sometimes collectively referred to herein as “2017 US Go Congress” or “Congress”) assume any responsibility for youth attending the 2017 US Go Congress. All responsibility is vested with the parents or other legal guardians (hereafter referred to as Legal Guardian) or attending guardian as set out below.

Youth age 17 or younger will be permitted to attend and take part in the Congress only if attending with a Legal Guardian or other person acting as Attending Guardian. Each youth, Legal Guardian, and Attending Guardian agrees to the following terms as a condition of youth attending the Congress:

- a) Each youth is the responsibility of the Attending Guardian, who must be age 18 or over
- b) Each Attending Guardian is responsible for the health, safety, and well-being of their youth charge(s) throughout the 2017 US Go Congress.
- c) Each Attending Guardian agrees to arrange for appropriate supervision of their charge(s) while their charge(s) is (are) participating in Congress events, on- or off-site, or associated in any way with the ongoing 2017 US Go Congress.
- d) Each Attending Guardian agrees to maintain communication with the Legal Guardian(s) of the aforementioned youth regarding any health or safety issues, as arranged between the Legal Guardian(s) and Attending Guardian, and that the health and safety of the youth are not the responsibility of the 2017 US Go Congress.
- e) The Legal Guardian(s) and Attending Guardian agree that the Congress or any staff thereof may make any pertinent information contained in this document available to medical personnel consulted to provide care for the youth.  
The Legal Guardian(s) of the youth by signing this form hereby authorize the Attending Guardian to authorize emergency medical care or other necessary medical services for the youth as needed.

The AGA, the 2017 US Go Congress and 2017 US Go Congress volunteers and staff hereby disclaim all liability, regardless of fault or negligence.

The following information must be completed in full by the attending youth, his or her Legal Guardian(s), and the Attending Guardian.

**The original signed copy must be provided before or at registration.**

## Youth Personal Information

Name: \_\_\_\_\_  
Last (Family) Name First (Given) Name Middle Name(s)

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age as of July 30, 2017: \_\_\_\_\_  
Month/Day/Year (Western) Age

Home address: \_\_\_\_\_  
First (Given) Name Last (Family) Name

\_\_\_\_\_ Street Number Street Name Unit/Apt. Number

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

Medical Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Group Plan:: \_\_\_\_\_

Additional Information (allergies, health problems, etc.) important for the  
knowledge of Attending Guardian: \_\_\_\_\_

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## Parent/Legal Guardian Personal Information

Name: \_\_\_\_\_  
Last (Family) Name First (Given) Name Middle Name(s)

Relationship to Youth: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Contact Phone number during Congress: \_\_\_\_\_  
Country Code Area Code Number

Home address: \_\_\_\_\_  
First (Given) Name Last (Family) Name

\_\_\_\_\_  
Street Number Street Name Unit/Apt. Number

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

## Attending Guardian Personal Information

Name: \_\_\_\_\_  
Last (Family) Name First (Given) Name Middle Name(s)

Relationship to Youth: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Contact Phone number during Congress: \_\_\_\_\_  
Country Code Area Code Number

Home address: \_\_\_\_\_  
First (Given) Name Last (Family) Name

\_\_\_\_\_  
Street Number Street Name Unit/Apt. Number

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

## Additional Emergency Contact Information

### Emergency Contact 1

Name: \_\_\_\_\_  
Last (Family) Name      First (Given) Name

Relationship to Youth:

\_\_\_\_\_

Contact Email Address:

\_\_\_\_\_

Contact Phone number:

\_\_\_\_\_  
Country Code      Area Code      Number

### Emergency Contact 2

Name: \_\_\_\_\_  
Last (Family) Name      First (Given) Name

Relationship to Youth:

\_\_\_\_\_

Contact Email Address:

\_\_\_\_\_

Contact Phone number:

\_\_\_\_\_  
Country Code      Area Code      Number

I, \_\_\_\_\_ affirm that I am the Legal Guardian of \_\_\_\_\_ (youth). I hereby authorize \_\_\_\_\_ (Attending Guardian) to attend and assume responsibility for \_\_\_\_\_ (youth) at the 2017 Go Congress pursuant to the terms set out above, which I have read, understood and hereby agree to.

I, \_\_\_\_\_ (Attending Guardian), affirm that I am authorized to be the Attending Guardian of \_\_\_\_\_ (youth) at the 2017 Go Congress and I agree to act as Attending Guardian of \_\_\_\_\_ (youth) pursuant to the terms set out above, which I have read, understood and hereby agree to.

I, \_\_\_\_\_ (Legal Guardian) agree to convey this waiver to the 2017 US Go Congress, and understand that without receipt of this document, completed in full and signed, the above-mentioned youth may not attend the 2017 US Go Congress.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attending Guardian Signature

\_\_\_\_\_  
Date

### 2017 US Go Congress Contact Information

Contact Emergency Phone number: 619/384-3454

Director Email Address: [ted.terpstra@gocongress.org](mailto:ted.terpstra@gocongress.org)  
[les.lanphear@gocongress.org](mailto:les.lanphear@gocongress.org)

Registrar Email Address: [registrar@gocongress.org](mailto:registrar@gocongress.org)

For mailing address, please contact director(s).