Youth Member at Large
Permission Slip and Waiver to
Attend the BWC Annual Conference

PARTICIPANT'S NAME: _____

PLACE OF EVENT: The 232nd session of the Baltimore-Washington Conference will be held at the Marriott Wardman Park Hotel in Washington, D.C.

TIME OF EVENT: From 6pm on Wednesday, June 1 to 6pm on June 3rd.

I hereby certify that I am in good physical and mental health at this time, and wish to participate in the above event/activity. I understand that my participation may result in an unexpected illness or injury, due to accidents, forces of nature, or other unforeseeable events. Such illnesses or injuries could include diseases, strains, sprains, fractures, dislocations, and/or death. These injuries (if incurred) could cause permanent disabilities. I realize that there are certain risks arising from this activity, and I am willing to assume such risks.

I, on behalf of myself, my personal representatives, heirs, assigns, and/or designees hereby agree to release, hold harmless, and indemnify the Baltimore-Washington Conference and/or their agents, officers, and employees from any and all claims of suits for bodily injury, medical expenses, property damage, wrongful participation in this event or project, whether or not such claims or suits arise from the negligent acts by the organizers of this activity, their employees, volunteers, other participants, or any other person.

I authorize the Baltimore Washington Conference, to release any medical information on my behalf. My health insurance company is as follows:

_____ _____

Name of Health Insurance Company **Insurance ID Number**

I HAVE READ THIS WAIVER AND RELEASE. I UNDERSTAND THAT I HAVE GIVEN UP MY RIGHTS TO FILE A CLAIM AGAINST THE BALTIMORE WASHINGTON CONFERENCE OF THE UNITED METHODIST CHURCH AND I AM SIGNING THIS WAIVER VOLUNTARILY.

_____ _____

Participant's Signature **Date**

_____

Date of Birth (if minor)

_____ _____

Parent or Guardian Signature **Date**

_____

Relationship to Participate

Emergency Contact(s):_____

Home Telephone:_____ **Email address:** _____

Cell Phone(s):_____ **(Father) (Mother)**