



39th Annual Junior Civitan International Convention

GUEST REGISTRATION

June 20th-23rd, 2019 • Hyatt Regency Dulles • Herndon, Virginia (Greater Washington D.C. Area)

SECTION A: Participant Information

Participant's Full Name: _____

Participant's Preferred First Name: _____ Date of Birth: _____

Male Female T-Shirt Size (adult sizes)*: S M L XL 2XL *Available for purchase in Section B.

Home Address: _____

City/State/Province/Postal Code: _____

Phone: (_____) _____ — _____ Email: _____

Relationship to Civitan International:

Spouse/family member of participant or chaperone

Chesapeake Civitan

Other

Insurance Company: _____

Policy No.: _____

Known allergies that we should be aware of: _____

Would you prefer vegetarian meals? Yes No *Only those selecting yes will be guaranteed vegetarian meals.

EMERGENCY CONTACT: _____ Relationship: _____

Phone: (_____) _____ — _____ Email: _____

SECTION C: Participation Agreement

I acknowledge that attendance at the Civitan International Junior Civitan Convention (the "Convention") and participation in the various activities associated with the Convention (the "Convention Activities") involve certain inherent risks to the participant and may result in illness, bodily injury, damage to participant's property or other harm to the participant. I further acknowledge that Civitan International cannot ensure or guarantee the safety and avoidance of injury for participants in the Convention Activities. In consideration for allowing the participant to register for and attend the Convention, and to participate in the Convention Activities, the participant (or the participant's parent or legal guardian if the participant is a minor) acknowledges and accepts the risks of illness, bodily injury, property damage and/or other harm to the participant which may result from the participant's attendance at the Convention and participation in the Convention Activities, including transportation to and from Convention Activities. The participant (or the participant's parent or legal guardian if the participant is a minor) accepts personal financial responsibility for any injury or other loss suffered by the participant during attendance at the Convention or participation in any of the Convention Activities, as well as for any medical treatment rendered to the participant that is authorized by the Civitan International staff or its volunteers or representatives. The participant (or the participant's parent or legal guardian if the participant is a minor) acknowledges that the participant should have health and accident insurance to pay the costs and expenses that are incurred if the participant is injured or suffers any loss as a result of attending the Convention or participating in the Convention Activities.

SECTION D: Medical Authorization; Indemnity for Medical Expenses

I understand, acknowledge and agree that Civitan International staff, volunteers or representatives may need to respond to accidents and potential emergency situations in which the participant is involved during the participant's attendance at the Convention and participation in the Convention Activities. The participant (or the participant's parent or legal guardian if the participant is a minor) consents to any medical treatment that may be required, as determined by a medical professional at the medical facility that that is caring for a medical condition experienced by the participant. The participant (or the participant's parent or legal guardian if the participant is a minor) agrees to indemnify and hold harmless Civitan International from and against any costs, expenses and charges arising from medical treatment provided to the participant on account of any injury suffered by the participant while attending the Convention or participating in the Convention Activities.

SECTION E: Photos/Video Release

In consideration for allowing the participant to register for and attend the Convention, and to participate in the Convention Activities, the participant (or the participant's parent or legal guardian if the participant is a minor) grants to Civitan International, its employees, agents, assigns, and sponsors, the right to video and/or photograph the participant, and use the video, photo, and or other digital reproduction of the participant's physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet and expressly waive any present, or future compensation rights to the use of the above stated material(s).

PARTICIPANT SIGNATURE: _____ PARTICIPANT PRINTED NAME: _____

PARENT OR LEGAL GUARDIAN SIGNATURE (If participant is under 18 years of age): _____

PARENT OR LEGAL GUARDIAN PRINTED NAME (If participant is under 18 years of age): _____

SECTION B: Package Options

FEE INCLUDES ALL CONVENTION ACTIVITIES + MEALS

(Th. dinner, Fri. lunch, Fri. dinner, Sat. dinner)

Adult Guest\$250.00

Child Guest (12 yrs & under).....\$200.00

Convention T-Shirt.....\$20.00

Unless you are staying with a chaperone, guest lodging accommodations and charges are the responsibility of the guest and can be booked by contacting the Hyatt Regency Dulles (#703-713-1234) and using the "Civitan International" group name.

I am staying with a chaperone*

I am booking my own accommodations

****TOTAL: \$ _____.**

****Fee must be paid in U.S. funds**

**If you are staying in the room with a chaperone, the chaperone MUST register for a single room on their registration form.*