SOUTHEAST REGIONAL TRAINING INSTITUTE

Alabama · Georgia · Mississippi · South Carolina

REGISTRATION FORM

PARTICIPANTS INFORMATION:

Name: _____

Phone #: _____

Address:_____

Student's Age: _____ Grade Level: _____ Birth Date: _____/_____/_____

PARENT/GUARDIAN'S INFORMATION:

Name: _____ Phone #: _____ Email: _____

Name: _____ Phone #: _____ Email: _____

TRANSPORTATION CONSENT AND PHOTO CONSENT AGREEMENT

I hereby consent / decline to authorize the use of and reproduction of any and all photographs and any other audiovisual materials taken of the registered individuals listed above for inclusion in any of the program's promotional printed material, websites and online social media platforms, for the purposes of the promotion of the program.
By signing below, I further authorize the class teachers, leaders or their assistants who are 18 years old or older, to transport my children to and from the activities in a vehicle or other means as necessary.

Parent/Guardian Signature:

_____

Date:_____/_____/_____

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MEDICAL RELEASE FORM

I, the undersigned parent or guardian of _____, a minor, do hereby authorize the Regional Training Institute or its designated representative, agent(s) for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. As the parent/guardian of a minor under the age of 18, I understand that this authorization enables the Regional Training Institute to arrange medical care for my dependent minor in the event I am unavailable. I understand that I am responsible for payment of any and all medical expenses incurred on behalf of my dependent minor. This authorization shall remain effective from _____/_____/_____ [date] for up to a year unless specified, while my child is attending Regional Training Institute activities.

Parent/Guardian Signature:

_____Date:_____/_____/_____

Teacher/Animator / Tutor Signature: _____Date:_____/_____/_____

Emergency Contact Name and Telephone:

_____

Family Physician Name and Telephone:

_____

Medical Insurance Company: _____ Policy Number: _____

Additional Emergency Contact (in the event parent cannot be reached):

_____ Telephone #: (_____) _____—_____

List Allergies, Handicaps, Limiting Health Conditions, Medications, Reactions to Medications:

_____

_____

_____

_____

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INVOLVEMENT CONSENT FORM

RELEASE OF LIABILITY AND ASSUMPTION OF RISK

In consideration of the participation in the community building activities ("Activities") sponsored by Southeast Regional Training Institute which shall include all other persons or entities acting in any capacity on their behalf including but not limited to the Regional Baha'i Council of the Southeast States, its officers, directors, employees, and agents (collectively the "SERTI"), I, on behalf of myself and all heirs and assigns, hereby agree to release and discharge Southeast Regional Training Institute, as follows:

1. I expressly agree and promise to accept and assume all of the risks, both known and unknown, existing in or as a result of my child's participation in the Activities (including, without limitation, physical injury, illness, death and damage to or destruction of tangible property). My child's participation in this or any of the Activities are purely voluntary, and I elect to participate in spite of the risks. I acknowledge that I have the right at any time to refuse to participate in the activities.
2. I hereby release and forever discharge SERTI from all liability, claims, rights, demands, actions, damages of any kind or nature whatsoever (in law or equity and whether known or unknown) and waive any claim or action of any kind or nature whatsoever (in law or equity and whether known or unknown) arising out of, related to, or in any way connected with this Release or my child's participation in the activities.
3. If SERTI, or anyone acting on their behalf, incurs attorney's fees, expenses and costs to enforce this agreement (including, without limitation, in connection with defending or prosecuting any action arising out of, related to or in any way connected with this Release), I agree to indemnify and hold them harmless for all such fees, expenses and costs.
4. I certify that I am willing to assume -- and bear the costs of -- all risks that may be created, directly or indirectly, by any condition (whether pre-existing or subsequently acquired) I or my child may have, or will acquire, in connection with my child's participation in the activities.
5. I warrant to you that I have the full, complete and unrestricted right and authority to enter into this Release.

I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT. I HAVE READ AND UNDERSTOOD IT, AND I AGREE TO BE BOUND BY ITS TERMS. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I MAY BE WAIVING VALUABLE LEGAL RIGHTS.

Parent/Guardian's printed name

_____

Parent/Guardian's signature _____Date Signed_____/_____/_____