

GENERAL AND MEDICAL LIABILITY RELEASE

DIRECTIONS: All participants in the Conservative Political Action Conference (the “Event”) with the Network of Enlightened Women, Inc. must complete this form as a prerequisite for eligibility to attend the Event.

PLEASE TYPE OR PRINT ALL INFORMATION

Participant’s Name: _____

Parent/Guardian’s Name: _____

Home Address: _____

Parent/Guardian Telephone:

Home: _____ Work: _____

Cell: _____

Participant’s Physician: _____ Dr. Phone Number: _____

Physician’s Address: _____

Alternative Contact for Participant: _____

Alternative Contact Telephone:

Home: _____ Work: _____

Cell: _____

Medical Insurance Information for Participant:

Name of Insured: _____

Relationship to Participant: _____

Insurance Company: _____

Group #: _____ Policy #: _____

GENERAL LIABILITY RELEASE: By participating in the Event, I agree to release and hold harmless the Network of Enlightened Women, Inc., its directors, officers, staff, employees, and/or volunteers, and their respective agents, representatives, successors, and assigns (collectively, the “Released Parties”) against any and all claims or liability arising directly or indirectly from the Event, including but not limited to claims or liability arising from transportation provided by the Released Parties to or from the Event.

MEDICAL LIABILITY RELEASE: I understand that I am responsible for my own insurance coverage during the Event. I further understand that the Event, and any activity offered during the Event, is voluntary. I do hereby forever release, discharge and agree to hold harmless the Release Parties from any and all

liability, claim or demand related, directly or indirectly, to any personal injury, sickness, death, property damage, or expenses, of any nature whatsoever, which may occur as a result of my participation in the Event. Further, I hereby assume all risk of personal injury, sickness, death, damage, and expenses incurred attendant thereto.

I have read the foregoing General and Medical Liability Release before affixing my signature below, and warrant that I fully understand the contents thereof. I also confirm that I am over the legal age of majority and have the right, capacity, and authority to enter into this agreement.

Signature: _____ Date: _____

Print Name: _____

Date of Birth: _____

IF YOU ARE UNDER THE AGE OF LEGAL AGE OF MAJORITY IN THE STATE OR COMMONWEALTH IN WHICH YOU RESIDE AND/OR THE STATE OR COMMONWEALTH IN WHICH THE EVENT WILL TAKE PLACE, YOUR PARENT OR LEGAL GUARDIAN MUST EXECUTE THIS RELEASE.

I hereby represent that I am the parent and/or legal guardian of the minor child identified above and that I have read and fully understand this release prior to signing it and execute this release on behalf of my minor child.

Signature: _____ Date: _____

Print Name: _____

Date of Birth: _____