C H R I S T ’ S M I S S I O N , O U R M I S S I O N

**MISSION CONFERENCE REGISTRATION FORM VANCOUVER SEPTEMBER 1-3, 2017**

Name:

Address:

City:

Province: PC:

Phone: E-Mail:

Attendee Names (First and Last) Class (Circle One) Age of Youth

1 Adult Sr High Jr High Child

2 Adult Sr High Jr High Child

3 Adult Sr High Jr High Child

4 Adult Sr High Jr High Child

5 Adult Sr High Jr High Child

6 Adult Sr High Jr High Child

**PRIVACY POLICY:**

 We respect your privacy. We protect your personal information and adhere to all legislation requirements with respect to protecting privacy. We do not rent, sell or trade our mailing lists. The information you provide will be used to deliver services and keep you informed and up to date on activities that we sponsor, including programs, services, special events, funding needs, opportunities to voluneteer or to give and more, through periodic contacts.

**PHOTO RELEASE:**

In consideration of the right to participate in this activity, I hereby give consent to and authorize the taking of photographs or videotapes in which I may appear. I hereby waive all rights of privacy in and to any said pictures, videotapes or web page.

**RELEASE and WAIVER of LIABILITY:**

I understand that attendance at camp/retreat involves certain risks and dangers, not all of which can be listed here. Amongst the more obvious and frequent are: hazards in connection with movement about camp/retreat and over uneven terrain; hazards in connection with camp/retreat sports activities; hazards in connection with travel to and from camp/retreat; and hazards in connection with the use of camp/retreat buildings and facilities.

I am not relying on any oral or written statements made by Community of Christ or by anyone representing it, whether such representations are contained in brochures or media form or in individual conversation, to lead me to become involved in the camp/retreat program for which I have applied on any basis other than my assumption of the risks and dangers involved.

I personally accept all risks and dangers and the possibility of death, personal injury, property damage and loss resulting from my attendance at camp/retreat. The risk is accepted for any cause whatsoever on the part of Community of Christ or its employees, agents or representatives.

I agree that the laws of the Province where the event is held govern this contract and that any legal concerns will be handled in the courts of that Province.

I confirm that I have read the above Privacy Policy, Photo Release and Release and Waiver of Liability before signing, that I understand it, that I am signing it of my own free will and accord and that it will be binding not only on me, but also on my heirs, my next of kin, and my estate trustees.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (on behalf of self and all minor attendees listed above)

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_