



## Adopteen Camp-Conference/Midpoint Registration Form

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Male

Birth Date: \_\_\_\_\_

Female

Do Not Wish to Answer

Adoption Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent (s) Name (s): \_\_\_\_\_

Known Food Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

### Participation Authorization

By registering for or participating in any Adopteen Camp-Conference program or activity, I (as well as my parent(s)/guardian(s), if I am under 18) agree to waive any claim of liability against Adopteen/Chinese Children Adoption International (Adopteen/CCAI), its staff, volunteers, and board of Directors, in the event of any loss or injury resulting from participation in Adopteen Camp-Conference activities and events on the Adopteen/CCAI premises, or at other locations where Adopteen Camp-Conference activities may occur.

I/we understand and acknowledge that participation in this conference involves inherent risk to myself/our child including risks associated with transportation by motor vehicles. I agree to indemnify Chinese Children Adoption International for any cost or expenses arising out of our child's participation in the conference including the cost of any medical care given to our child or any expenses or fees incurred in any lawsuit arising as a result of any damages or injuries caused by our child in the course of his or her participation in the Adopteen Camp-Conference. I/we further understand that Adopteen/Chinese Children Adoption International (Adopteen/CCAI) is not responsible for accidents or injury that may occur.

I/we accept full responsibility for any medical expenses that might arise as a result of sickness or injury and understand that Chinese Children Adoption International does not maintain medical insurance, which would cover any sickness or injury.

I/we authorize the Designated Supervisor(s) to authorize and consent to any medical care that he or she reasonably believes necessary, including hospitalization or surgery. Chinese Children Adoption International will obtain the consent of a Parent or Guardian in the case of children under 18 by phone when time and conditions permit.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Under 18) Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Code of Conduct:**

To provide the safest and best experience, we have the following expectations for all Adopteen Camp-Conference and Midpoint participants:

- I agree to actively participate in the entire event.
- I will not leave the premises without permission.
- I will follow the event schedule at all times.
- I will not use or possess any illicit substances.
- I will let event staff know where I am at all times.
- I will treat all personnel, my peers, and property with respect.
- I will not use profane or abusive language.
- I will not engage in inappropriate conduct with any of my peers.
- I will abide by all laws of the city and state where this event is located.

I agree to abide by this Code of Conduct. Failure to comply with any part of this Code of Conduct may result in my immediate dismissal from this event. Any travel arrangements and expenses will be the responsibility of either myself or my parent(s) or guardian(s).

I have read and understand the above statements.

Participant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Under 18) Parent/Guardian’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo Release**

I, \_\_\_\_\_, as well as my parent(s)/guardian(s) (if I am under 18) hereby give permission to Adopteen/CCAI to use photos of me taken during the Adopteen Camp-Conference in publications such as the CCAI Circle, the Adopteen website, the CCAI website, and social media. My name will not accompany any photos that are used unless specifically permitted by me/us.

I/we give permission to CCAI to use my child’s name for publication specified above.

I/we don’t give permission to CCAI to use my child’s name for publication specified above.

Participant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Under 18) Parent/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_