



MDSC Annual Conference 2017
Brother & Sister Supplemental Registration Form and Waiver of Liability Form
PLEASE COMPLETE AND RETURN BOTH FORMS

Note: The Brother and Sister workshops will take place at the Massachusetts College and Health Sciences (MCPHS) Fuller Conference Center, 15 Foster Street 9th Floor, directly across the street from the DCU Center. Attendees will be supervised at all times and guided to and from the Fuller conference center in the morning, at lunch and at the end of the day.

I. Contact Information

Name: Male Female

Date of Birth: Phone #:

Street Address: City/Town:

State: Zip Code:

Emergency Contact Name:

Emergency Contact Phone Number Home:

Cell:

E-mail Address:

II. Health History: To be Completed by Parent/Caregiver:

1. Does your child have any medical conditions that we should be aware of? If so, please let us know of we can do anything to accommodate his or her medical conditions.

2. Please list any food, environmental, or medication allergies.

Is the participant capable of monitoring his or her own diet for diabetes, milk allergies, or gluten sensitivities?

Yes No

3. What medications does your child take on a regular basis?

Please note: The MDSC is unable to administer any medications.

Medication Name	Dosage	Date Presc.	Times per Day

Please list anything else that you feel would be helpful for staff or volunteers to know regarding the participant:

Physician Information

Physician Name: _____ Physician Phone: _____
Physician Address: _____

III. Signature

Please fill out one of the following:

A. Signature of parent/legal guardian: _____

Date: _____

B. Participant is over the age of 18

Signature of Participant: _____

Date: _____

Please email, fax or mail this application, as well as the Waiver of Liability Form (below) to the MDSC office so that it's received by Thursday, March 9, 2017
Email to:
Kristen Tenglin at ktenglin@mdsc.org
Mail to:
MDSC
c/o Annual Conference (Brother/Sister)
20 Burlington Mall Rd, Suite 261
Burlington, MA 01803
FAX: (781) 221-0011



Massachusetts Down Syndrome Congress
33rd Annual Conference
March 25, 2017
DCU Center

Massachusetts College and Health Sciences (MCPHS) Fuller Conference Center Worcester, MA

**WAIVER OF
LIABILITY AND RELEASE**

Waiver of Liability:

The 33rd Annual Conference is offered with the provision that Massachusetts Down Syndrome Congress and its respective officers, directors, affiliates, employees, volunteers, agents and the like (collectively "MDSC") cannot be held liable for injuries incurred in any situation. In consideration of participating in the 33rd Annual Conference, I for myself, my heirs, personal representatives and assigns, do **hereby covenant not to sue, release, waive and discharge MDSC from and against any and all liability and any and all claims** arising from my participation in the 33rd Annual Conference, including but not limited to any personal injury, accidents, injuries that I may receive or property loss undertaking such activities.

Parent or Guardian:

I am the parent or legal guardian of the above named ward or minor child and, as such, I am authorized to enter into this agreement on his or her behalf. I agree that said ward or minor child and I are bound by and subject to the terms of this agreement. I understand that my signature here reflects my agreement on behalf of said ward or minor child to **hereby release, waive discharge and covenant not to sue** the MDSC **from any and all claims** resulting in personal injury, accidents or illnesses or property loss sustained or suffered by said ward or minor child arising from participation in the 33rd Annual Conference.

Photo Release:

I hereby consent to and authorize the use and reproduction by MDSC of any and all photographs and other audiovisual materials taken of me, my child, my ward, as the case may be, for promotional printed material, internet material, educational activities, or for any other use for the benefit of the program.

Emergency:

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the program director to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for my child as named above, at my expense. I do hereby indemnify said organization or its agents and employees, and agree to hold it and them harmless from any and all liability rising out of injury, illness or accident that might happen to my child and from any damage my child might cause to any person(s) or property while in the care of the organization or its agents or employees.

Program:

I further understand that my child can be excluded at any time during the program by the Director if it is judged that he/she has hampered the safety, welfare, or enjoyment of the other participants in the program.

I understand that program leaders will make reasonable efforts to ensure that all siblings participate in all program activities as printed in the convention program booklet. I understand that there will be no supervision of my child during short scheduled breaks or unscheduled bathroom breaks. I understand that it is the responsibility of my child to return to the conference after such breaks, and I

have discussed with my son/daughter the expectation that he/she be present for all scheduled activities. I do understand that my child will leave the program on his/her own at its closure.

Acknowledgment of Understanding:

I have read this assumption of risk and waiver of liability agreement, fully understand its terms, **and understand that I, on my own behalf, or on behalf of my child or ward, as the case may be, am giving up substantial rights, including the right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Return this Waiver Form so that it is received no later than March 9, 2017 to:

Email: Kristen Tenglin at ktenglin@mdsc.org
Mail to: Massachusetts Down Syndrome Congress,
Attn: Brother and Sister Conference
20 Burlington Mall Road, Suite 261
Burlington, MA, 01803
Fax to: 781-221-0011.

Dated this ____ day of _____, 20__.

Witness

Participant, Parent or Guardian

SFN