



2017 UNITY Midyear Conference

February 17-20, 2017

Tempe, Arizona

Tempe Mission Palms Hotel & Conference Center
60 E 5th St, Tempe, AZ 85281

Participant Liability and Medical Release

First Name: _____ Last Name: _____

Mailing Address: (Street and/or PO Box)

City: _____ State: _____ Zip: _____

Birth date: _____ Tribal Affiliation: _____

E-mail Address: _____

Phone: _____ Cell: _____

Youth Council/Group: _____

Advisor: _____ Cell: _____ Email: _____

Emergency contact: _____ Relationship: _____

Emergency contact phone number: _____ Email: _____

COMMITMENT TO PARTICIPATE AND LIABILITY RELEASE

You can count on my participation in ALL sessions and activities of the 2017 UNITY Midyear Conference. I pledge to conduct myself in a manner that will bring honor to myself, my tribe and community. In the event of illness or accident, I give my consent to receive medical attention. Also, I will not hold liable United National Indian Tribal Youth, Inc., nor any of its agents, volunteers, or other organizations involved in this UNITY event.

Signature of Participant _____

MEDICAL AUTHORIZATION AND LIABILITY RELEASE

If participant is a minor, this form must be signed by a parent or legal guardian. I hereby approve the participation of my son/daughter in the 2017 UNITY Midyear Conference. In the event of illness or accident, I give my consent for him/her to receive medical attention. Also, I/we will not hold liable United National Indian Tribal Youth, Inc., nor any of its agents, volunteers or other organizations involved in this UNITY event.

Signature of Parent/Guardian _____

PHOTOGRAPHIC RELEASE

Participant/Parent (if participant is a minor) agrees to be photographed or videotaped during the conference and gives permission for his/her photo to be used in UNITY program, promotional and reporting materials.

Signature of Parent/Guardian _____

UNITY, Inc.

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