



Inspiring Hope. Changing Lives.  
Since 1976

# 2019 UNITY Midyear Conference

February 14 -18, 2019  
Scottsdale, Arizona  
Embassy Suites by Hilton Scottsdale Resort  
5001 N. Scottsdale Road, Scottsdale, Arizona 85250

## On-Site Registration Only

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: (Street and/or PO Box)

\_\_\_\_\_

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

Birthdate: \_\_\_\_\_ Tribal Affiliation: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Youth Council/Group: \_\_\_\_\_

Advisor/  
Chaparone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency contact phone : \_\_\_\_\_ Email: \_\_\_\_\_

### COMMITMENT TO PARTICIPATE AND LIABILITY RELEASE

You can count on my participation in ALL sessions and activities of the 2019 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, including, but not limited to Embassy Suites by Hilton Scottsdale Resort, and other event facilities.

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

### 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 \_\_\_\_\_

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