



# CASL State Conference Registration Medical Release/Registration Form

THIS IS A FILLABLE  
FORM ONLINE YOU  
CAN PRINT!



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 School Name: \_\_\_\_\_  
 Advisor in Charge: \_\_\_\_\_ Advisor Cellphone: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_  
 Parent Contact Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

### STUDENT MEDICAL INFORMATION: (students only – not needed for advisors)

Medical Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Check this box if your student does **NOT** have any Medical Insurance  
 My student has a special health need: \_\_\_\_\_  
 My student takes the following medication: \_\_\_\_\_  
 T-Shirt Size (Adult Size):  Small  Medium  Large  XL  XXL Are you a vegetarian?  Yes  No

### EMERGENCY CONTACT INFORMATION (If parents/guardian cannot be reached)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

In the event that my child should need emergency medical treatment while participating on this field trip, I hereby authorize CADA/CASL personnel to use their own judgment in obtaining emergency medical services for him/her. I further authorize any individual selected by CADA/CASL personnel to render such emergency medical treatment to my child as he/she may deem necessary and appropriate. I understand CADA/CASL has no insurance, which pays the medical or hospital costs that might be incurred on behalf of my child. Consequently, I understand any and all such costs shall be my sole responsibility. I understand I indemnify and hold harmless the CADA/CASL, its officials, employees, and agents, including volunteers, from all liability and claims arising out of or in connection with my child's participation in this activity. I fully understand participants are to abide by all rules, regulations and agreements governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at parent's/guardian's expense.

By signing below each student agrees to the following: Parent, guarding, advisor, or public carrier must transport students. Students must NOT drive themselves to the conference. Each student will be under the supervision of a school designated adult who will be responsible for them. Student's designated conference advisor will administer medications if applicable. Delegates will stay in the conference facilities and/or the hotel and participate in the conference activities attending all sessions, activities, and events. Drugs, alcohol, tobacco & other controlled substances are not allowed. This includes possession, use, transport, or sale. Delegates are not allowed to be in the hotel room of any member of the opposite sex. Any delegate who violates any of these agreements may be immediately sent home by public carrier at the parent's expense or detained until the parent/guardian can pick them up. During the course of this CADA/CASL activity, students may be photographed and/or videotaped by the CADA/CASL organization and/or its vendors. These photos and tapes may be used for the promotion of this or other CADA/CASL events and/or its vendors, or for training purposes. In certain cases, students or school advisors may be permitted to photograph students from their own schools. Registration is accepted on a space available basis only. CADA/CASL will not be held responsible for any lost or stolen items, personal property accountability is the responsibility of every student, faculty, and staff. Each individual must take reasonable precautions to protect his or her personal property.

**Liability Waiver:** By attending our event, you voluntarily assume all risks and accept sole responsibility for any injury related to exposure to COVID-19, and release CADA/CASL from liability for any injury or harm that may result by attending the event. CADA's goal is to ensure a safe meeting environment. As such, you also agree to abide by any prevention or safety measures CADA/CASL, the "facility", and state and local agencies may have in place during the Event. You also agree not to attend the event if you become ill, are aware you've been directly exposed to the COVID-19 virus within two weeks prior to the Event or exhibit any symptoms of the COVID-19 virus prior to or during the Event. You understand in the chance your student tests positive for COVID-19 during the event, the school's advisor, and CADA/CASL staff will be notified immediately. If any student/advisor tests positive, then it will be the responsibility of the school/parent, including any financial obligations, to quarantine, and safely transport the student/advisor back home.

CADA/CASL will not be held responsible for any lost or stolen items, personal property accountability is the responsibility of every student, faculty, and staff. Everyone must take reasonable precautions to protect his or her personal property. **Assumption of Risks:** By registering for this event, I hereby assume all of the risks of participating in all activities at CADA/CASL Events, including but not limited to, any risks that may arise from the negligence or carelessness of CADA/CASL, their subsidiaries, affiliates, directors, officers, employees, partners, contractors, agents, representatives, volunteers, successors and assigns (collectively, the "Host") and/or from dangerous or defective equipment or property owned, maintained, operated or controlled by the Host. I **waive, release, and discharge** the Host from any and all liability, including but not limited to, liability arising from the negligence of the Host or myself, for my death, disability, personal injury, property damage, property theft, or any other damage or actions of any kind which may affect or impact me in any way arising from the Activity. I **indemnify, hold harmless, and promise not to sue** the Host from any and all liabilities or claims made as a result of my participation in the Activity, whether caused by the negligence of the Host, myself, or otherwise.

<b>Parent/Guardian Name – Please print</b>	<b>Parent/Guardian Signature</b>	<b>Date</b>
<b>Advisor Name – Please print</b>	<b>Advisor Signature</b>	<b>Date</b>
<b>Student Name – Please print</b>	<b>Student Signature</b>	<b>Date</b>

**Cancellations & Refunds:** Cancellations Prior to the Conference – Refunds may be given with written notice received no later than **March 15, 2024**. There will be a \$50 administrative fee per person deducted from your refund. Please send cancellation requests to [info@cada1.org](mailto:info@cada1.org).