



Eastern District

Educational Heritage Tour 2017

June 29-July 1, 2017

REGISTRATION FORM

Room Type: Single
\$75 Deposit

Double
\$75 Deposit

Triple
\$50 Deposit

Quad
\$50 Deposit

Name: _____ Sex: M F Age*: _____
Address: _____
Parent/Guardian*: _____ Email: _____
Home Phone: _____ Cell Phone: _____
Emergency Contact Name/Number: _____

Name: _____ Sex: M F Age*: _____
Address: _____
Parent/Guardian*: _____ Email: _____
Home Phone: _____ Cell Phone: _____
Emergency Contact Name/Number: _____

Name: _____ Sex: M F Age*: _____
Address: _____
Parent/Guardian*: _____ Email: _____
Home Phone: _____ Cell Phone: _____
Emergency Contact Name/Number: _____

Name: _____ Sex: M F Age*: _____
Address: _____
Parent/Guardian*: _____ Email: _____
Home Phone: _____ Cell Phone: _____
Emergency Contact Name/Number: _____

***Required, If Under 18 Years of Age**

Rooms will be assigned based on this form.

Total Deposit Paid: _____
Date Received: _____

*****DEPOSITS ARE NON-REFUNDABLE***
(Substitutions may be allowed)**

Make Cashier's Check/Money Order payable to:
**EASTERN DISTRICT
(Heritage Tour in Memo Line)**

All monies will be receipted. No personal checks!

Please mail to:
**Beverly Hester-Stephens
901 Kenion Road
Hillsborough, North Carolina 27278**

Payment Dates:

Deposit	1st Payment	2nd Payment	3rd Payment	Final Payment
Nov. 30, 2016	Jan. 31, 2017	Feb. 28, 2017	Mar. 31, 2017	April 30, 2017

Church Name: _____

Pastor: _____

Contact Person: _____

Phone: _____ Email: _____

All youth under age 18 must have a chaperone from local church. Presiding Elder requests 1:6 ratio. Please indicate chaperone info below, if different from contact person.

Chaperone: _____

Phone: _____ Email: _____

Each participant under the age of 18 must have "Liability Waiver" and "Medical Authorization" forms completed by Parent/Guardian and attached to this registration form upon submission.



Eastern District
Western North Carolina Conference
Reverend J. Bernard Wilder, Presiding Elder

Educational Heritage Tour
Travel Liability Waiver
Atlanta, GA and Alabama – June 29-July 1, 2017

Assumption of Risk and Release of Liability

Attendee Name (Please Print) _____

I am participating in the afore named trip, and hereby release, waive, indemnify, defend, and hold harmless the Eastern District of the Western North Carolina Conference, The Western North Carolina Conference, the Second Episcopal District, the Presiding Elder, District Officers, Pastors, Local Officers and all affiliated parishes, and their officers, agents and employees, from and against any and all claims, for bodily injury demands or causes of action of any type whatsoever, including property damage or personal injury, damages, losses and expenses, including but not limited to attorneys' fees, arising out of or in any way related to participation in this trip with which I will be involved.

I am aware that there are possible risks and dangers associated with my participation. I assume **full responsibility** for any injuries or damages I may sustain as a result of my participation, including travel to or from the trip destination. In addition, I assume liability for and agree to indemnify and to hold the Eastern District of the Western North Carolina Conference and its officers, staff, and employees harmless for all claims or damages caused, in whole or in part, by me and any negligent, intentional, or other act or omission on my part.

By signing this waiver of liability and release, I acknowledge that I have read and understood this document and the travel information for this trip and I fully agree and understand all terms and conditions.

Attendee Signature

Phone Number

Date

Parent/Guardian Signature
(if traveler under 18 years of age)

Phone Number

Date



Eastern District
Western North Carolina Conference
Reverend J. Bernard Wilder, Presiding Elder

Educational Heritage Tour
Medical Treatment Release Form
Atlanta, GA and Alabama – June 29-July 1, 2017

Name: _____ Age: _____

Address: _____

Home Phone: _____ Alternate Phone: _____

Parent Name, If Under 18 _____

I, the above named parent/guardian, do hereby appoint: _____

Chaperone

Address: _____

Phone: _____ Alternate Phone: _____

To act on my behalf in authorizing medical care or hospitalization for the above named minor throughout the duration of this trip. This document shall be presented to a physician or appropriate hospital representative, as such time medical care or hospitalization may be required.

Allergies/Medical Condition(s): _____

Please list all prescriptions/medications*: _____

***Chaperones will be responsible for the administration of all medications.**

Health Insurance: Policy Holder's Name: _____

Policy Number: _____

Group #: _____

Company: _____

Person to be notified in case of emergency, if parent/guardian is unavailable:

Name: _____ Phone: _____

By signing this form, I certify that I give medication authorization to above named chaperone, to act on my behalf in the event of an emergency.

Parent/Guardian Signature: _____ Date: _____