



**East Coast Children Convention
NY & NJ**

**GRADE 3, 4 & 5
JUNE 12 to 14, 2020**

Registration Form

Servant's Name:					
Date of Birth:	/	/	T-Shirt Size:		
Address:					
City:		State:		Zip Code:	
Mobil Phone:		Email:			
Emergency Contact:			Emergency Phone:		
Church Name:					
City:		State:			
Special condition, medications or allergies:					

CONSENT AND RELEASE

I the undersigned have legal custody of the minor named above and have given our consent for him/her to attend the aforementioned event/trip/retreat. I understand that there are inherent risks involved in participation in any event/trip/retreat, and I hereby release New York & New England Coptic Orthodox Diocese, its affiliates, related entities, their officers, agents, servants, employees, clergy, and volunteers (collectively, "NYNEDiocese") from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement whether due to intentional acts or omissions, recklessness, or the negligence of NYNEDiocese or those of third parties. I acknowledge and agree on behalf of the minor named above, myself, all heirs, assigns, or successors, that the purpose of the aforementioned event/trip/retreat is to further the philanthropic and religious purposes of NYNEDiocese and that I am releasing NYNEDiocese from any and all liabilities in law or equity, however, the liability may arise, for any injuries, damages, losses or expenses to myself or my property. I agree and consent that any disputes arising out of the aforementioned minor's participation in this activity and any and all claims that I may bring against NYNEDiocese, regardless of where the claim occurred, shall be subject to the laws of the State of New York and shall not be brought in any other jurisdiction other than the courts of the State of New York. I agree that should any damages arise out of the participation in this event/trip/retreat that I am financially responsible. In the event that the aforementioned minor is injured and requires medical attention, I consent to any reasonable medical treatment as may be deemed necessary by a licensed physician. In the event that treatment is required from a physician and/or hospital personnel chosen by NYNEDiocese, I agree to hold NYNEDiocese free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that we will be ultimately responsible for the cost of any and all medical care. I also allow the use of the minor's photograph taken at any activity in any promotional material.

Signature: _____