



“Remove the Mask” Youth Conference

INDIVIDUAL, GROUP, AND FAMILY REGISTRATION FORM

(online registration form is available at www.safb.org)

PERSONAL INFORMATION: (Type or Print)

For Office Use Only: # _____

First Name: _____ Middle: _____ Last: _____

Address: _____ City: _____

State: _____ Zip: _____ Birth Date: ____/____/____ Male _____ Female _____

Home Phone: _____ Organization or School: _____ Work Phone: _____

E-Mail: _____ Group Name: _____

Additional Family Members

First Name: _____ Last Name: _____ Birth Date: _____ Gender: _____

First Name: _____ Last Name: _____ Birth Date: _____ Gender: _____

First Name: _____ Last Name: _____ Birth Date: _____ Gender: _____

First Name: _____ Last Name: _____ Birth Date: _____ Gender: _____

First Name: _____ Last Name: _____ Birth Date: _____ Gender: _____

First Name: _____ Last Name: _____ Birth Date: _____ Gender: _____

Participant and Parent/Guardian (required for minors) must sign and date waiver on this form.

WAIVER

In consideration of the acceptance of this entry, I the below signed assume full and complete responsibility for any injury which may occur during this event or while I am on the premises of the event, and hereby release and hold harmless the sponsors, event coordinators, and any other persons or entities associated with this event, whether such injury occurs during the event or by fire, flood, act of God or civil insurrection. I hereby grant full permission to any person to use any image of this event for commercial or non-commercial purposes, whether by digital image, any analog signal or any other imagery.

Participant Signature: _____ **Date Signed:** _____

(Month/Day/Year)

FOR ADDITIONAL FAMILY MEMBERS AND PARTICIPANTS OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for these participants, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE for all family members listed.

Parent/Guardian Signature: _____ **Date Signed:** _____

(A parent or guardian must be present for the registration of any minor.)

Please return this form by with any donation to San Antonio Fighting Back, Inc., Attn: Youth Conference. On-site registration will be available. If you have any questions please call Jacqueline Speights at 210-271-7232.

THANK YOU!!!