## **Conference Consent Form**



The Best Buddies Leadership Conference Consent form has the following sections: health insurance information, medical release, acknowledgment, and general release. This form must be completed and signed by you and your parent/guardian, if applicable. The deadline to submit conference consent is June 1, 2017.

Participant Information				
PARTICIPANT NAME		PARTICI	IPANT SCHOOL/CHAPTER	
Health Insurance Information				
Please provide your health insurance information below. This information will only be used in the event that you require medical treatment while attending the Best Buddies Leadership Conference.				
Do you have health insurance coverage?		Yes	No	
Policy Holder's Name:				
Relationship to participant (if "self", so state):				
Health Insurance Company Name:				
Policy Number:				
Medical Release				
I, the undersigned, hereby authorize Best Buddies International, Inc., a District of Columbia Corporation, and its agents or assigns ("Best Buddies") to secure any medical care that should become necessary during the period commencing July 21, 2017, and ending July 24, 2017, which dates correspond to the Best Buddies International Leadership Conference.				
On behalf of, a participant aged years who will be PARTICIPANT NAME				
participating in this conference, I understand that Best Buddies will only seek any such necessary medical care on the participant's behalf from duly licensed medical practitioners and hereby agree that Best Buddies shall be indemnified and held harmless from any injuries, harm, damages, or expenses resulting from such action.				
I accept responsibility for any necessary expense incurred in the medical treatment of the participant that is not covered by participant's medical insurance named above.				
Participant's initials:  Parent/guardian's initials:				



## **Conference Consent Form**



## **Acknowledgment**

Participant's initials:

The Best Buddies International Leadership Conference brings together leaders with and without intellectual and developmental disabilities from Best Buddies' programs worldwide, providing personalized trainings that develop the skills needed to organize a Best Buddies chapter. Since 1990, the Best Buddies Leadership Conference has inspired thousands of leaders to be Best Buddies ambassadors and to bring about social change in their communities.

As an attendee of the Best Buddies Leadership Conference:

- I understand that the use of alcohol and illegal drugs is strictly prohibited during the Best Buddies Leadership Conference. I agree to refrain from drinking alcohol or using illegal drugs.
- I agree not to leave the Indiana University campus unless accompanied by Best Buddies staff.
- I understand that I may be photographed and/or filmed at the Best Buddies Leadership Conference, and I agree that any photograph or video may be used at the discretion of Best Buddies for publicity purposes.

Parent/quardian's initials:

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General Release		
Please accept my entry into the Ann assume all responsibility for injuries participant in this Event.	•	•
discharge and agree not to commen subcontractors, Event sponsors, Eve cities/towns/municipalities through w	nce any lawsuit against Best Buddie ent staff, Event volunteers, Event co which the Event passes and properti courses of action, present or future	
I,PARTICIPANT NAME	, have read and agree to the ter	ms above.
PARTICIPANT SIGNA	ATURE	DATE
Parent/guardian consent (if a	applicable)	
I,PARENT/GUARDIAN NAME	, am the parent/guardian of	PARTICIPANT NAME
and I have read and agree to the ter	ms above.	
PARENT/GUARDIAN	I SIGNATURE	DATE
Note: Consent from a parent/quardian is required	I for all attendees under the age of 18 and any at	tendee with a court-appointed quardian

