**The 2nd Annual Florida Men of Vision & Excellence (MOVE) Conference**

 **Presented by the Florida Diversity Council**

***PARTICIPATION AGREEMENT & RELEASE OF LIABILITY***

August 10, 2013

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student’s name), wish for my child to participate in the 2nd Annual Florida MOVE Conference ***presented by Florida Diversity Council*** to be held at Hodges University, Naples.

I understand that I am responsible for my child’s transportation to and from Hodges University on August 10, 2013.

I understand that if my child requires medical treatment while attending the Conference, and I am not present, an attempt will be made to notify me. In the event that I cannot be reached, I consent to such treatment for my child as may be deemed necessary under the circumstances, including, but not limited to, transportation to medical facility via ambulance, x-ray examinations, surgery, and anesthesia.

I release and hold harmless the Florida Diversity Council, National Diversity Council, and the trustees, employees, and representatives from these organizations from any and all claims, causes of action and liabilities for bodily injury or property damage arising, directly or indirectly, in connection with my child’s participation in the MOVE Conference.

I also grant the Florida Diversity Council and National Diversity Council the irrevocable, royalty-free right to use photographic and video images of my child and to make such images available in their publications, promotional materials and websites. I release, waive and discharge the Florida Diversity Council and National Diversity Council from any and all demands, claims, causes of action, damages and liabilities directly or indirectly arising out of or in connection with making, editing, copying or using such images for the purposes described.

Signature of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Printed Name of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Emergency Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Food allergies, drug allergies, medical conditions or other special needs:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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