



SBCD 2012 Registration Form

Southwest Baptist University, Bolivar, Missouri • July 21—27, 2012

Daily

Last Name			Church Name			<p style="text-align: center;">Article V (SBCD By-Laws) Messengers (For 13 Years Old and Up Only)</p> <p>Messengers to the SBCD shall be deaf people and deaf ministry workers who are active members of Southern Baptist churches and who have been "duly elected" by their churches as messengers. A church may elect a maximum of twenty (20)-qualified messengers. Messengers shall have full voting privileges. All others shall be recognized as visitors.</p> <p>For the year of 2012 with the approval of the church.</p> <p>Signed _____</p> <p>Position _____</p> <p>(Without Pastor/Leader's signature, you cannot vote at business meeting.)</p>
Address			Church Address			
City	St	Zip	Church City	St	Zip	
<input type="checkbox"/> Phone	<input type="checkbox"/> FAX	<input type="checkbox"/> TDD	<input type="checkbox"/> Church Phone <input type="checkbox"/> Church Video Phone <input type="checkbox"/> FAX <input type="checkbox"/> TDD			
E-Mail Address			Church E-Mail Address			

Check One or More

SBCD Daily Registration Fee \$20/ Full Day Per Person 12 Years & Up \$10/ Half Day Per Person 12 Years & Up Pay at the Door	SBU Daily Facility Fee \$2.50/ Day Per Child Age 3-11 No Facility Fee for Children Under 3 Pay at the Door	Deaf	Oral	Hearing	low vision	Deaf/blind or	Jr. SBCD	Missionary	Missionary	Interpreter	Spouse of	S. S. Teacher	Pastor	Pastor	Lay Minister	Spouse of	Deacon	Check Each Day You Will Attend	Registration Fee	
First Name	<input type="checkbox"/> Church Messenger <input type="checkbox"/> Visitor																	<input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs	\$	
First Name Spouse	<input type="checkbox"/> Church Messenger <input type="checkbox"/> Visitor																	<input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs	\$	
First Name Child Age: Grade:	<input type="checkbox"/> Church Messenger <input type="checkbox"/> Visitor																	<input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs	\$	
First Name Child Age: Grade:	<input type="checkbox"/> Church Messenger <input type="checkbox"/> Visitor																	<input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs	\$	
First Name Child Age: Grade:	<input type="checkbox"/> Church Messenger <input type="checkbox"/> Visitor																	<input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs	\$	
Meals – Pay at the Door																		Make a check payable to <u>SBCD</u>	Sub Total Fee	\$
Adults & Youth All Day: \$17 or Breakfast: \$5.50 Lunch: \$5.75 Dinner: \$5.75	Children Ages 3-11 \$12 Per Day or \$4 Per Meal	Children Under 3 \$6 Per Day or \$2 Per Meal	Mail Form and Check to: 2012 SBCD Registration 348 Turner Circle McDonough, GA 30252															Group Picture \$6.00	\$	
Cancellation Policy:																		Sub Total	\$	
<ul style="list-style-type: none"> Full refund up to 60 days before conference time. 50% refund from 59 to 30 days conference time. NO refund with less than 30 days before conference time. 																		For more information on this registration form, contact: 2vicepres@sbcdeaf.org	Deposit Required Individual \$50.00 Family \$100.00	\$
																		Remaining Balance	\$	

**GENERAL RELEASE AND INDEMNIFICATION
(FOR ADULT PARTICIPANTS OVER AGE 18)**

For and in consideration of the Southern Baptist Conference of the Deaf, Inc. (SBCD) and Southwest Baptist University of Bolivar, MO (SBU) permitting me, PARTICIPANT, to participate in the Southern Baptist Conference of the Deaf to be held July 21-27, 2012 hereafter referred to as "CONFERENCE", I hereby release the SBCD from all claims, demands, suits, causes of action, or judgments which I ever had, now have, or may have in the future or which my heirs, executors, administrators, or assigns may have, or claim to have against the arising out of or in any way connected with the CONFERENCE, for all personal injuries, known or unknown, property damages, or claims for wrongful death, caused by the acts, omissions, or negligence of the SBCD or SBU.

Assumption of Risk. I am aware of the risks associated with participation in the above event and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities, whether caused by SBCD's or SBU's negligence or otherwise.

Media Consent. I give my consent and permission for the taking of photographs and/or video of me (or my child) during the described event and waive and/or assign any and all rights (including copyright) in such media to SBCD & SBU. SBCD & SBU, as the owners of such media, shall have the exclusive right to control and determine the use, display, performance, reproduction and dissemination of any such photographs and/or videos.

Understanding. I represent and acknowledge that I have completely read and understand this document and all its terms, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this General Release and Indemnification form shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/mediation organization for binding resolution.

I further agree to indemnify and hold harmless the SBCD/SBU from all claims, demands, suits, causes of action, or judgments which PARTICIPANT ever had, now have, or may have in the future or which PARTICIPANT'S heirs, executors, administrators, or assigns may have, or claim to have against the SBCD/SBU arising out of or in any way connected with the CONFERENCE, for all personal injuries, known or unknown, property damages, or claims for wrongful death, caused by the acts, omissions, or negligence of the SBCD/SBU and on SBCD's/SBU's behalf and in SBCD's/SBU's name, defend at my own expense any such claims, demands, suits, causes of action, or judgments described above.

BY: _____
PARTICIPANT (over 18 years of age)

Date

NAME PRINTED