



Eau Claire Area Hmong Mutual Assistance Association, Inc. Hmong Culture and Tradition Learning Series

Registration

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Parent's Names (If under age 18): _____

Primary Emergency Contact Name: _____ Relation: _____ Phone: _____

Secondary Emergency Contact Name: _____ Relation: _____ Phone: _____

Class (Please check one):

1) Qeej (Instrument) _____ 2) Tshoob Kos (Wedding ceremonies) _____ 4) Hmong Language _____

3) Kev Cai Ua Tsaug (Proper Way To Thank You) _____

WAIVER AND RELEASE FROM LIABILITY: By this Waiver, I assume any risk, take full responsibility and waive any claims of personal injury, death or damage to personal property associated with the Hmong Culture and Tradition Learning Series' activities and events organized by the Eau Claire Area Hmong Mutual Assistance Association, Inc.

I understand and confirm that by signing this WAIVER AND RELEASE I have given up considerable future legal rights. I have signed this Agreement freely, voluntarily, under no duress. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law. I am 18 year of age or older and mentally competent to enter into this waiver.

PHOTO RELEASE: I grant to the Eau Claire Area Hmong Mutual Assistance Association Inc. (ECAHMAA) the right to take photographs of me during my involvement with the ECAHMAA's Hmong Culture and Tradition Learning Series. I authorize ECAHMAA, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the ECAHMAA may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I have read and understand the above:

Signature, parent or guardian _____ Date: _____
(if under age 18)

Signature: _____ Date: _____



Eau Claire Area Hmong Mutual Assistance Association, Inc.
Hmong Culture and Tradition Learning Series

Hmong Youth Authorization Form

I, _____ (Parent/Guardian's name), hereby grant permission for my child/ward, _____ (Child's name), to participate in the Eau Claire Area Hmong Mutual Assistance Association In.'s Hmong Culture and Tradition Learning Series for Hmong Youth program activities and excursions.

In considering participation in the above activities, I, as a parent or legal guardian, hereby state, that liability coverage for the participant will be provided by me, as a parent or legal guardian's insurance. Permission is granted for medical personnel to act as judgment dictates in case emergency medical care is needed for my child/ward.

I hereby grant permission for the project staff to act on my behalf in the case that emergency medical care is needed for my child, ward. This includes, but is not limited to the following:

- Applying first aid
- Attempting to contact a parent, or emergency contact person
- Attempting to contact the child's physician

Doctor's Name: _____ Phone Number: _____

Preferred Hospital: _____

WAIVER AND RELEASE FROM LIABILITY

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SIGNATURES:

I hereby state that I have read all of the above conditions and/or they have been explained to me and I understand all of the conditions pertaining to my child/ward while he/she is a participant in the ECAHMAA Hmong Culture and Tradition Learning Series.

Parent's Name: _____ Phone Number: _____

Parent's Signature: _____ Date: _____