

Release form—MSDB Enrichment Weekend

Name of participant: _____

I, the undersigned, hereby request permission to attend the MSDB Enrichment Weekend, _____ (date). I represent and warrant that I am physically and mentally fit.

I acknowledge that I will be attending at my own risk and I hereby release, discharge and indemnify Montana School for the Deaf and the Blind (MSDB) and their agents from all liability for personal injury or damage to property.
_____(initial please)

I grant permission to MSDB to utilize any likeness, voice and words pertaining to myself in television, radio, films, newspaper, or other media, and in any form not heretofore described, for the purpose of advertising or communicating the purposes and activities of the Association and/or in appealing for funds to support such activities. _____(initial please)

In the event of necessity, the person in charge of the Enrichment Weekend is authorized on my behalf and at my account to take such measure and make arrangements for such medical and hospital treatment as deemed advisable for my health and well-being. _____ (initial please)

Name of physician _____

Phone _____

Clinic name _____

Address _____

List insurance providers including Medicaid:

#1 _____ ID/Group # _____

#2 _____ ID/Group # _____

Must be signed and initialed above by parent or legal guardian.

Name of parent/guardian

Print & Sign

Date _____

Home phone: (_____) _____

Registration Form

Name of Deaf/HH Student: _____
Last First Grade

Birth date / / Diet/Allergies: _____
mm dd yyyy

Current Address _____
Number and Street

City or Town State Zip Code or Postal Code

Home Phone: (____) _____ Cell phone (____) _____
area code number area code number

Shirt size: _____

Email address: _____

Outreach Consultant's Name: _____

Name, age, & grade (under 21) of all family members attending with you:
(Check box if needing to stay on campus)

- Name _____
Last First Age/Grade Deaf/HH or Hearing
- Name _____
Last First Age/Grade Deaf/HH or Hearing
- Name _____
Last First Age/Grade Deaf/HH or Hearing
- Name _____
Last First Age/Grade Deaf/HH or Hearing
- Name _____
Last First Age/Grade Deaf/HH or Hearing
- Name _____
Last First Age/Grade Deaf/HH or Hearing

*This activity is at no cost to you, other than travel expenses. **Cottages on the MSDB campus are provided on a first come, first served basis.** Dinner Friday night, breakfast Saturday morning, and lunch Saturday afternoon are also provided. Campus students will be participating in activities along with students from all over the state. If you are unable to attend, but your child would like to join us, please contact your outreach consultant to see if travel arrangements can be made.*

Please mail or fax this form by March 13, 2015 to:
Jim Kelly
Deaf Enrichment Weekend
3911 Central Avenue
Great Falls, MT 59405
FAX: 406-771-6164
1-800-882-MSDB