

# Adopteen Conference 2010

CCAI, 6920 South Holly Circle, Centennial, Colorado 80112  
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## Photo Release

I/we, \_\_\_\_\_, parent(s) of \_\_\_\_\_, hereby give permission to CCC/CCAI to use photos taken during the 2010 Adopteen Conference in agency publications such as the CCC/CCAI Circle, the Adopteen website and/or the CCC/CCAI website. Names of the children will not accompany any photos that are used unless specifically permitted by me/us.

- I/we give permission to CCAI to use my child's name for publication specified above
- I/we don't give permission to CCAI to use my child's name for publication specified above

Parent(s) Signature \_\_\_\_\_

Date \_\_\_\_\_

## Liability Agreement

By registering or participating in any Adopteen Conference 2010 program or activity, parents/guardians agree to waive any claim of liability against Chinese Children Charities/Chinese Children Adoption International (CCC/CCAI), its staff, volunteers, host families, and board of Directors, in the event of any loss or injury resulting from participation in Adopteen Conference 2010 activities and events.

I/we further understand that Chinese Children Charities/Chinese Children Adoption International (CCC/CCAI) is not responsible for accidents or injury that may occur on the CCC/CCAI premises, or at other locations where Adopteen Conference 2010 activities may occur. I understand that I/we am/are responsible for any medical treatment which may be necessary following any injuries which may take place anywhere while my child is participating in the Adopteen Conference 2010 events.

Name of Child \_\_\_\_\_

Parent(s) Signature \_\_\_\_\_

Date \_\_\_\_\_

# Emergency Contact Information and Medical Release Form

Date: \_\_\_\_\_ Birth date of child \_\_\_\_\_

Child's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_

Mother (first and last name) \_\_\_\_\_

(H) \_\_\_\_\_ (W) \_\_\_\_\_ (cell) \_\_\_\_\_

Father (first and last name) \_\_\_\_\_

(H) \_\_\_\_\_ (W) \_\_\_\_\_ (cell) \_\_\_\_\_

Known Food Allergies \_\_\_\_\_

Any medical conditions that CCC/CCAI should be aware of \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Name of Insurance \_\_\_\_\_ Phone \_\_\_\_\_

In the event that a parent is not in the CCC/CCAI facility or the event locations during an emergency, please complete the following:

## Medical Release Form

In the event that we are unable to reach any of the above individuals, please complete the following:

I hereby authorize any representative of CCAI to take my child to the above named physician or medical facility **or the closest medical facility** for medical treatment. I/we will assume all financial liability relating to the medical care provided.

Parent(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print name \_\_\_\_\_