

Adopteen Conference

Photo Release

I/we, _____, parent(s) of _____, hereby give permission to CCC/CCAI to use photos taken during the 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 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 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 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 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 _____