

~ All Registrations MUST be submitted online. ~

THE FIRST EPISCOPAL DISTRICT
OF THE
AFRICAN METHODIST EPISCOPAL CHURCH
CHRISTIAN EDUCATION CONGRESS
July 16-19, 2018
Delaware State University, Dover, Delaware

Registration Form

Male Female | Age _____ Rev. Mr. Mrs. Ms. Miss
A=ADULT, FOR 12-17 PLEASE SPECIFY

Name _____
LAST FIRST

Address _____ City/State/Zip _____

Home Phone _____ Cell Phone _____

Email _____

Church Information

Church Name _____

Address _____ City/State/Zip _____

Church Phone _____ Church Fax _____

Pastor _____ Presiding Elder _____

Christian Education Leader or Delegation Leader _____

All participants will be involved in three core courses and special sessions

Vocalists and Instrumentalists of All Ages: Please bring your instruments, sheet music and music stands (if applicable). There will be opportunities to play/sing during the worship services and during a special youth talent showcase!

Housing

DSU on Campus Housing

Off Campus –

Hotel Name _____

Dormitory Residents

Early Bird Registration until May 18, 2018 \$80.00
Registration fee from May 19 - June 16, 2018 \$100.00
Late Registration fee from June 17 - June 30, 2018 \$110.00
Meal Ticket \$ 96.00
Room Fee \$ 54.00
Recreation Fee \$ 20.00

Total \$ _____

Off Campus Residents

Early Bird Registration until May 18, 2018 \$80.00
Registration fee from May 19 - June 16, 2018 \$100.00
Late Registration fee from June 17 - June 30, 2018 \$110.00

\$ _____

There will be no on-site registration.

All Registrations MUST be submitted online.

Please visit <http://www.firstdistrictame.org> and follow the link to the 2018 Christian Education Congress Registration Portal.

If there are any questions or concerns, please contact (215) 662-0506 or fedcedcongress@gmail.com

THE FIRST EPISCOPAL DISTRICT
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CHRISTIAN EDUCATION CONGRESS
2018

Mandatory Medical Treatment Consent Form

This form must be completed for all participants under age 18

I hereby give consent for my child _____ to be medically examined and treated for injury or illness that might occur while attending the 2018 First Episcopal District Christian Education Congress.

Signature of Parent/Guardian _____

Printed Name _____

Address _____

City _____ State _____ Zip Code _____

Emergency Contact Phone Numbers:

(Home) _____ (Work) _____

(Cell) _____ (Email) _____

Please indicate any medication being taken by child and/or special medical, health and dietary instructions.

Statement of Responsibility

The undersigned agrees to be governed by the rules and regulation of the Congress.

PARTICIPANT'S SIGNATURE

DATE

We, the undersigned, acknowledge responsibility for our church delegation.

LOCAL CHRISTIAN EDUCATION DIRECTOR'S SIGNATURE

DATE

PASTOR'S SIGNATURE

DATE

The Congress is a training event for age groups 12 years old to Adulthood.
Please do not bring children younger than 12 years of age. Accommodations will not allow us to serve them adequately.

General Information

The Christian Education Congress is the culmination of our year of work and a springboard that will project us into the year ahead. All participants between the ages of 12 to adult are urged to attend as we study and work together to make ourselves the viable instruments that God has ordained for us to be.

The First Episcopal District is innovative, exciting and seemingly endowed with unlimited potential; it does not yet appear what it shall be. As we work together, putting "First Things First," let us work in a spirit of oneness, and make an already great District the greatest that it can be.

First Episcopal District, A.M.E. Church

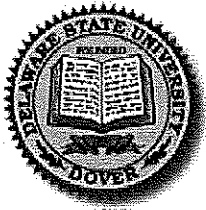
First District Plaza
3801 Market Street
Philadelphia, PA 19104

Please return Forms A, B, and C by one of the following:

Fax: First Episcopal District AME Church: (215) 662-0199 • **Email:** fedcedcongress@gmail.com • **Mail:** First Episcopal District, AME Church

3801 Market Street, Suite 300, Philadelphia, PA 19104

ATTN: CED 2018



Delaware State University Waiver/Release Agreement

I _____ (Name of Participant) in consideration of being permitted to participate and/or receive instruction in the _____ (Name of "Camp" or "Activity"), hereby voluntarily release Delaware State University from any and all liability resulting from or arising out of my participation and/or receipt of instruction in the activity.

I understand and agree that I am releasing not only the entities set forth in the paragraph above, but also the officers, agents, and employees of those entities.

I understand and agree that this Waiver/Release will have the effect of releasing, discharging, waiving and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me, arising out of my participation and/or receipt of instruction in the Activity, except for the acts or omissions of Delaware State University, its officers, directors agents or employees which are found to be negligent by a court of competent jurisdiction.

I understand and agree that this Waiver/Release applies to personal injury, property damage, or wrongful death which I may suffer, even if caused by the acts or omissions of others.

I understand and agree that by signing this Waiver/Release, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me while participating and/or receiving instruction in the Activity.

I understand and agree that this Waiver/Release will be binding on me, my spouse, my heirs, my personal representatives, my assignees, my children and any guardian ad litem for said children.

I understand and agree that by signing this Waiver/Release, I am agreeing to release, indemnify and hold Delaware State University, its officers, agent's employees or Board of Trustees harmless from any and all liability or costs, including attorney's fees, associated with or arising from my participation and/or receipt of instruction in the Activity.

I understand and agree that if I am signing this Waiver/Release on behalf of my minor child, that I will be giving up the same rights for said minor as I would be giving up if I signed this document of my own behalf.

I acknowledge that I have read this Waiver/Release Agreement and that I understand the words and language in it. I have been advised of the potential dangers incidental to participating and/or receiving instruction in the Activity.

Dated: _____, 20____ Print Name: _____

Sign Name: _____

Parent/Guardian Release:

I am the parent or legal guardian of the minor _____, and I am signing this Waiver/Release on behalf of said minor.

Print name of Parent: _____

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CHRISTIAN EDUCATION CONGRESS

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Parental Waiver, Release of Liability, Indemnification and Consent Form

I, the undersigned, as a parent or legal guardian of the child named below, do hereby give my full consent and approval for my child to participate in the **First Episcopal District Christian Education Congress 2018**. Further, I agree that in consideration for the right to allow my child to participate in the **Christian Education Congress 2018** as listed below:

1. On behalf of my child and myself, I do voluntarily elect to accept and solely assume all risks of injury incurred or suffered by my child while participating in activities at **The Christian Education Congress 2018**.
2. In addition to giving my full consent for my child's participation, I understand that under **NO** circumstances will my child be allowed in or around the swimming pool at Delaware State University's athletic facility (if staying on campus), or at the hotel (if staying off campus).
3. I do hereby waive, release discharge and agree not to sue the First Episcopal District of the African Methodist Episcopal Church or other entity designated below, the African Methodist Episcopal Church, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the church for any claim, damages, costs including attorney's fees, or cause of action which I or my child have or may have in the future as a result of damages, injuries, including death, sustained or incurred by my child from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

I hereby certify that my child is fully capable of participating in the designated activities and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except was made know to chaperones and officials of the District.

I further agree on behalf of myself and my child listed below, that I shall hold harmless and fully indemnify the parties hereby released from any and all claims, damages, costs including attorney fees, and causes of action which may arise from any cause of action made by me or by, through or on behalf of my child, even if the damages, injuries or death are caused in whole or in part by any of the persons or entities hereby released.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH OF THE ABOVE PROVISION IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

Name of Participant: _____

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date Signed

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