



The Many Faces of Love

REGISTRATION FORM

DATE OF EVENT _____

NAME _____
First Last

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL _____

(Preference _____ Home _____ Cell)

EMAIL _____

FACEBOOK NAME _____

EMERGENCY CONTACT

NAME _____
First Last

EMAIL _____ PHONE _____

Photography/Videography Release

_____, I, (please print) _____, give The Many Faces of Love (MFOL) permission to record my image and/or voice and grant MFOL all rights to use these recordings or photographs in any medium for educational, promotional, advertising, or other purposes that support the mission of the organization. I agree that all rights to the sound, still, or moving images belong to MFOL.

*Please see other side. Signature required.

Liability/Medical Waiver Release

____ I, (please print) _____, HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THE MANY FACES OF LOVE (“organization”) (MFOL), including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. I certify that I am physically fit, or have been cleared by a medical doctor, to participate in this organization and ALL of their activities/events/meetings. I certify that there are no health-related reasons or problems which preclude my participation in this organization. I acknowledge that this Liability/Medical Waiver Release will be used by the organization, event holders, sponsors, partner organizations, and MFOL in which I may participate, and that it will govern my actions and responsibilities at said organization. In consideration of my application, acceptance, and training with this organization, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this organization, THE FOLLOWING ENTITIES OR PERSONS: The Many Faces of Love (MFOL) and/or their founder, board of directors, volunteers, representatives, and agents, hosting facilities, and the organizations’ sponsors, and partner organizations;
- (B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this organization, whether caused by the negligence of release or otherwise.

I acknowledge that MFOL and their founder, board of directors, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during participation in this organization. The Liability/Medical Waiver Release shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT THAT I SIGN OF MY OWN FREE WILL.

Signature: _____ Date: _____

Please Email or Mail Completed Registration in advance of Workshop to confirm your reservation. If you have any questions, call Sandy Minardi at 918.232.7665.

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