Diocese of Wichita and Mid-America Parish Life Conference

Hosted By St. Michael Church (Beaumont, TX)

MCM Elegante Hotel and Conference Center: June 12 -15, 2024

Off-Site Event Form

Please Use One Form Per Attendee Per Off-Site Event

All Attendees at any Off-Site Events are REQUIRED to be Registered for the 2024 Parish Life Conference; pay any associated costs for the Event, if any; and, complete and sign this Off-Site Event Form. In the event that the Attendee is below the age of 18, this Form must also be signed by the Parent or Legal Guardians of the minor.

Event Date: June 14, 2024 9:30 – 11:30 AM Event Name: Clergy Wives Sisterhood Event (680 North 15th Street, Beaumont, TX 77702)

Registrant Name: _____ Birth Date: _____ Age: _____

The undersigned Attendee, desires, of my own free will, to attend this Event and clearly understands and agrees that the insurance that protects attendees at the Hotel during a Conference, does not extend to nor cover Attendees at any Off-Site Event. Accordingly, and regardless how I travel to this Off-Site Event, I hereby indemnify and hold harmless St. Michael Antiochian Orthodox Church Beaumont, TX and the Antiochian Orthodox Christian Archdiocese of North America, including but not limited to their respective clergy, officers, directors, employees, agents, members, affiliates, parishioners, guarantors and/or assignees thereof, from any and all liabilities, responsibilities, costs, expenses, incidents, injuries, and occurrences regardless of the causes or source of such occurrences and regardless of the off-site location of such occurrence(s).

By signing this Form, I agree to follow all of the instructions and directions of the persons that are in charge of this Event, ensuring proper order and safety for myself and all Attendees at this Event.

Attendee's Name (Print)	**Attendee's Signature (Regardless of Age)**	**Date**
Parent/Legal Guardian Name (Print)	**Parent/Legal Guardian Signature**	**Date**

Cell Phone of Responsible Party	**Email Address of Responsible Party**
Emergency Contact Name	**Emergency Contact Phone**