

2018 GARRETT A. MORGAN YOUTH SYMPOSIUM REGISTRATION INFORMATION

PARTICIPANT GUIDELINES

1. Participants must be a rising 7th through 12th grade student or a recent high school graduate within the last two years. One registration form must be completed for each participant.
2. Parents/Guardians and/or an emergency contact must be available to be reached at any time for any reason during the day of the Symposium for participants under the age of 18.
3. Participants who require medication shall have taken any required medication prior to the symposium or be capable of properly administering their own medication on site. The COMTO Maryland Chapter, Morgan State University or Maryland Department of Transportation (MDOT) and event personnel is neither liable nor responsible for the administration of any prescribed medications.
4. COMTO Maryland reserves the right to remove any participant considered to be disruptive to the event.
5. The Parent or Legal Guardian (or Emergency Contact) must be available to pick up the participant, or be available to meet the participant at home if transported there by COMTO Maryland, MDOT, Morgan State University or event personnel.

RELEASE/PERMISSION CONCURRENCE

I grant permission for the above participant to attend the Conference of Minority Transportation Officials' (COMTO) Garrett A. Morgan Youth Symposium at Morgan State University, 1300 East Cold Spring Lane, Baltimore, MD. I grant permission for the above participant to be showcased in photographs and video to be used for COMTO marketing communications and learning purposes only. I release COMTO and Morgan State University, its officers, directors, vendors, contractors, partners, employees/staff and assignees from any legal responsibility in case of injury or incident.

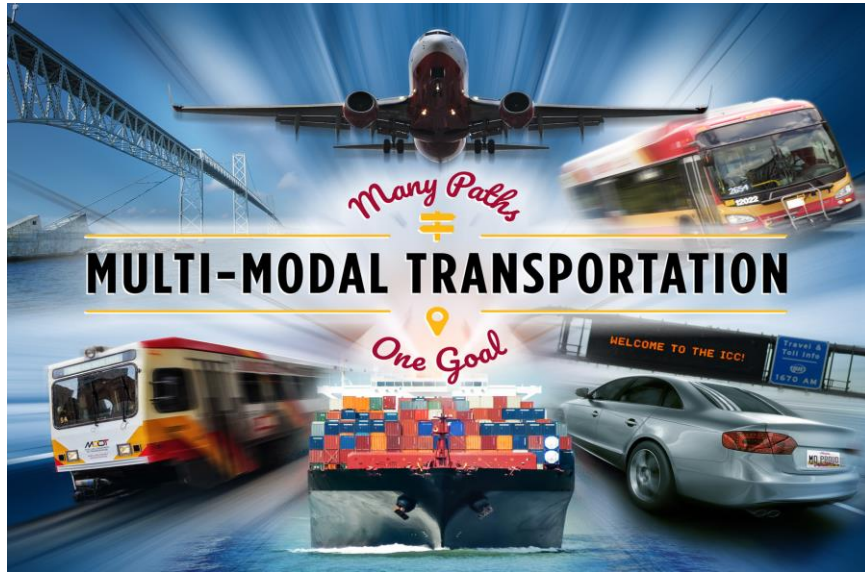
The staff has my permission to seek emergency medical care in case of accident or illness. In the event of an emergency, I hereby give COMTO, MDOT and/or Morgan State University permission to secure and retain medical treatment and transportation, as needed, and I hereby authorize the release of client records (registration information) to the authorized individual or facility involved in the medical emergency treatment.

I recognize my responsibility to ensure that the participant participates only in those activities for which he or she has the required skills, qualifications, training and physical conditioning. I agree that COMTO and Morgan State University have no responsibility to institute or pay for medical treatment or other costs if the participant is injured or property is damaged in connection with the participant's involvement or presence.

To the fullest extent allowed by law, I hold harmless and agree to indemnify and defend COMTO, MDOT, its officers, directors, faculty, staff, volunteers, employees and agents from and against any present or future claim, cause of action, loss or liability for injury or death to person or damage to or loss of property, which the participant may suffer or for which the participant may be liable to any other person, related to the participant's presence at or participation in activities at the 2018 Youth Symposium and resulting from any cause whatsoever, and regardless of fault.

_____ (Parent/Guardian Signature) _____ (Date)

2018 GARRETT A. MORGAN YOUTH SYMPOSIUM REGISTRATION FORM



Participant Name: _____

Age: _____ Grade: _____

Parent/Guardian Name (Printed): _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ ZIP: _____

E-Mail: _____

Emergency Contact (Name): _____

Emergency Contact (Number): _____

Acknowledgment/Signature: By signing below, I confirm that I am the Parent/Legal Guardian of the participating student listed above. I certify that this information is correct; I also consent to the participating student in the 2018 COMTO Maryland Garrett A. Morgan Youth Symposium in Baltimore, MD. I acknowledge that I have read, understand and agree to the Event Participation Guidelines and the Release/Permission statements as written. I also consent to the use of the participant's image in promotional materials for future COMTO events.

Parent / Guardian Signature: _____ Date: _____

E-mail this form to: comtomd@gmail.com ATTN: Symposium Registration

2018 GARRETT A. MORGAN YOUTH SYMPOSIUM REGISTRATION FORM