

Registration & Release Form
AGS Family Education Day - Cincinnati August 8, 2009

Who should we contact about your attendance at AGS Family Education Day?

Name _____
Address _____
City _____ State _____ Zip Code _____
Telephone (day) _____ Telephone (evening) _____ Email _____

Who will be attending the Family Education Day?

Name _____ Adult Child _____ Age _____ This person has does not have AGS.
Name _____ Adult Child _____ Age _____ This person has does not have AGS.
Name _____ Adult Child _____ Age _____ This person has does not have AGS.
Name _____ Adult Child _____ Age _____ This person has does not have AGS.
Name _____ Adult Child _____ Age _____ This person has does not have AGS.

How will you be travelling and where will you be staying?

How will you be traveling to Cincinnati? Car Plane Bus Train
If you plan to stay overnight in the Cincinnati area where will you be staying?
 Cincinnati Marriott River Center (AGS Family Education Day Host Hotel)
 Other Hotel/Motel/B&B Name: _____
 Private home

Do you have Special Requests or need Special Accommodations?

Do you or someone in your family require accommodations for disabilities? ___Yes ___No
Please describe: _____

Do you or someone in your family have special dietary needs? ___Yes ___No
Please describe: _____

Required Release Consent

All adults attending the AGS Family Education Day must check off and sign their consent to the following:
____ I release the Alagille Syndrome Alliance, its employees, board members and officers, and volunteers from any liability whatsoever arising from any conduct, including any alleged negligence by act of omission, of the Alagille Syndrome Alliance in connection with my attendance at the AGS Family Education Day - Cincinnati
____ I give permission to the Alagille Syndrome Alliance to use my name and image (photographs and/or video), as well as that of family members attending the AGS Family Education Day-Cincinnati, to be published in the Alagille Syndrome Alliance newsletter, *Links4Life* and/or on the Alliance web site at www.alagille.org, and/or in materials that promote the services and activities of the Alagille Syndrome Alliance, and/or that are produced for publicity or public relations activities.

Requires the dated signature of each attending adult below:
Name _____ Signed _____ Date _____
Name _____ Signed _____ Date _____
Name _____ Signed _____ Date _____