



July 14th – July 16th 2016

Concord, New Hampshire

PART 2 of 2 REGISTRATION FORMS
(Part 1 is done on-line at www.nhvttrek.com)



2016 Concord Montpelier Trek
Part 2 of 2 Registration Forms

Date: Thursday, July 14th to Saturday, July 16th 2016

Youth:

1. Go to nhvttrek.com and register for trek by May 15, 2016.
2. Return these forms (pages 2 – 4) to your Young Men's or Young Women's Leader by May 15, 2016.
3. YM/YW leaders will get these forms to Sister Cherry (Montpelier) or Brother Jensen (Concord) by May 20, 2016.

Leigh Cherry
7 Main St. Apt.B
Bristol, VT 05443-1317
Email:

leigh.cherry4@gmail.com

Matthew Jensen
P.O. Box 554
Moultonboro, NH 03254-0554
Email: mciensen5@mac.com
Tel. (603) 476-8080

Name _____

Stake: Concord Montpelier Ward/Branch _____

Consent Form/Code of Conduct

I, (Youth) _____, do understand and will adhere to the standards of The Church of Jesus Christ of Latter-day Saints, in that I will obey the Word of Wisdom and the Law of Chastity, uphold all moral standards of honesty, modesty, and personal conduct and will abide by all rules as stated while I am attending and participating in Trek. I commit to making Trek a positive experience for myself and those around me. I will strive to carry myself as disciple of Jesus Christ.

I, (Bishop) _____, have met with the above youth and have explained the Word of Wisdom, Law of Chastity, and other standards of The Church of Jesus Christ of Latter-day Saints, as set forth by the *For the Strength of Youth* pamphlet, and have confidence that they will conduct themselves in a manner as to uphold these standards.

Youth: _____ Date: _____

Bishop: _____ Date: _____

THE CHURCH OF
JESUS CHRIST
 OF LATTER-DAY SAINTS

Parental or Guardian Permission and Medical Release

Activity		Date
Ward	Stake	
Participant	Date of birth	Home telephone number
Participant's parent or guardian		Business telephone number
Address	City	State/Province

Medical Information

Does the participant have any of the following:

Special diet Allergies Medication Chronic/Recurring illness Surgery or a serious illness in the past year Physical conditions that limit activity

If yes, explain below. Use back if more space is needed.

I give permission for my child/youth to participate in the activity listed above and authorize the adult leaders supervising this activity to administer emergency treatment to the above-named participant

for any accident or illness and to act in my stead in approving necessary medical care. This authorization shall cover this activity and travel to and from this activity.

Parent or guardian's signature	Date
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I give permission for my child, _____, to be given the following medications (check):

- Tylenol (Acetaminophen) Tums (Antacid) Motrin (Ibuprofen)
 Benadryl (Diphenhydramine)

Prescription medication(s) (please attach physician's note):

(Signature of Parent/Guardian)

(Date)

Participant Release (Release to Use Name, Image, Voice, Likeness, and Performance)

INTELLECTUAL PROPERTY OFFICE
 50 E NORTH TEMPLE, FL 18
 SALT LAKE CITY UT 84150-3011
 PHONE 801-240-3959

Title of Submission: 2016 Concord Stake / Montpelier Stake Trek

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I agree that I shall have no right, title, or interest in or to the Recordings (or to any work comprising or based on the Recordings, in whole or in part), and that all right, title, and interest in and to the Recordings belongs to IRI. I waive any and all right to payment or other compensation arising from or related to the Recordings. I will not state or imply, or allow others to state or imply, that IRI approves of or endorses me or my activities. I further agree to release, defend, and hold IRI harmless from any claims, damages, or liabilities related to the Recordings or IRI's use thereof. I understand this Release is governed by the laws of the State of Utah, U.S.A.

By signing below, I represent that I have read this Release, understand its contents, and agree to this Release.

Name	Address	Date
Signature	Telephone	
Name	Address	Date
Signature	Telephone	
Name	Address	Date
Signature	Telephone	
Name	Address	Date
Signature	Telephone	
Name	Address	Date
Signature	Telephone	

Parent/Guardian Consent (If anyone listed above is a minor, that person's parent/guardian must sign below.)

I, the undersigned, hereby warrant and represent that I am the parent or legal guardian of the minor child named above and printed next to my name below (the "Youth"), that I have full authority to execute this Release on behalf of the Youth, that I have read this Release, and that by signing below I have granted this Release on behalf of the Youth. I hereby agree that I, the Youth, and all other parents or legal guardians, if any, will be bound by all releases, consents, and covenants contained in this Release. I further agree to indemnify and defend IRI against any and all liabilities relating to the Youth's actions in connection with the Recordings or IRI's use thereof.

Name	Youth's Name	Date
Signature	Your Telephone	
Name	Youth's Name	Date
Signature	Your Telephone	
Name	Youth's Name	Date
Signature	Your Telephone	
Name	Youth's Name	Date
Signature	Your Telephone	
Name	Youth's Name	Date
Signature	Your Telephone	