

Grand Council 2017 Omega Tau Sigma Lambda Chapter

Grand Council 2017 REGISTRATION FORM

OCTOBER 13th 2017 – OCTOBER 15th, 2017
Virginia-Maryland Regional College of Veterinary Medicine

ADMINISTRATIVE

Participant's Name: _____ Chapter: _____
Date of Birth: _____ Email: _____
Mailing Address: _____ Phone #: _____
City, State, Zip: _____ Allergies: _____
Dietary Restrictions: _____
Unisex T-Shirt Size: **XS S M L XL XXL**

REGISTRATION INFORMATION (Must be received by September 25th)

Grand Council cost is \$90 per attendee, payable by check to "OTS" (please include your name/chapter in the description of the check). Registration includes: Grand Council 2017 T-shirt, welcome packet, admission to all events, and select meals. Please mail all checks from your chapter together to:

Miranda Medrano
375 Chelsea Loop
Christiansburg, Virginia 24073

SCHEDULE OF EVENTS

Friday, October 13th
5:30 PM - 8:00 PM: Registration and Welcome Dinner
9:00 PM - 1:30 AM: Main Street Bar Crawl

Saturday, October 14th
8:00 AM - 12:00 PM: Delegates Meeting
9:00 AM – 11:00 AM: Vet School Tours
11:30AM - 3:30 PM: Lunch, Gonzo Olympics
6:00 PM - 8:00 PM: Awards and Banquet Dinner
9:00 PM: Animal/Safari Themed Party

Sunday, October 15th
8:30AM -10:00 AM: Farewell Breakfast & GC Photo

- I will be attending the welcome dinner on Friday night when I pick up my registration bag
 I will be arriving late and will make separate arrangements to receive registration materials
 I will be attending the farewell-breakfast on Sunday morning
 I will be leaving early / sleeping in and will likely not attend the farewell breakfast

Name (print): _____

Signature: _____ Date: _____

Hotel Information

Hyatt Place

Ask for Omega Tau Sigma block or use link
https://blacksburguniversity.place.hyatt.com/en/hotel/home.html?corp_id=G-VOTS

25 rooms available until September 13
50 University City Blvd
Blacksburg, Virginia, USA, 24060
(540) 552-7500
Cost: \$129 (includes breakfast)

Hilton Garden Inn

Ask for OTS Grand Council
25 rooms available until September 1
900 Plantation Rd, Blacksburg, VA 24060
(540) 552-5005
Cost: \$119

Inn at Virginia Tech

No Reserved Rooms
901 Prices Fork Rd, Blacksburg, VA 24060
(540) 231- 8000

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MEDICAL INFORMATION/RELEASE FORM

**OMEGA TAU SIGMA Grand Council 2017 Friday, October 13th – Sunday,
October 15th, 2017**

PARTICIPANT INFORMATION

Participant's Name: _____ Gender (opt): _____
Permanent Address: _____ Date of Birth: _____
City, State, Zip: _____ Mobile #: _____
Email Address: _____

Medical Emergency Contact:

Emergency Contact: _____ Backup Contact: _____
Relationship: _____ Relationship: _____
Daytime Phone: _____ Daytime Phone: _____
Evening Phone: _____ Evening Phone: _____

Insurance Policy Information:

Policy Holder's Name: _____ Policy Holder's DOB: _____
Policy Holder's Address: _____ Holder's Employer: _____
City, State, Zip: _____ Insurance Company: _____
Relationship: _____ Company Address: _____
Occupation: _____ Policy Number: _____

I give my permission for such diagnostic and therapeutic procedures as may be deemed necessary by Virginia Polytechnic Institution and State University Student Health Services and/or any other medical facility

Name (print): _____

Signature: _____

Date: _____

Grand Council 2017

Omega Tau Sigma Lambda Chapter

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I hereby assume all of the risks of participating in any/all activities associated with **GRAND COUNCIL 2017**, 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 understand that my participation any activity associated with this event is optional and done at my own discretion. I certify that I am physically fit and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity. In consideration of my application and permitting me to participate in this activity, 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 activity, the following entities or persons: Omega Tau Sigma Lambda Chapter, Omega Tau Sigma Nationals, Virginia Maryland Regional College of Veterinary Medicine, and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) I hereby forever indemnify, waive, release, hold harmless, discharge, and covenant not to sue the entities and persons mentioned in the above paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise. This agreement applies to personal injury including death arising from incidents, illnesses, and medical treatment, and also to any and all claims resulting from damage to, loss of, or theft of property.

I acknowledge that the above entities and their directors, officers, 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 this activity, and that I have provided personal insurance information to Omega Tau Sigma Lambda Chapter prior to my participation. I agree to abide by all local, state, and federal laws. I additionally agree I will not drive, operate, or be in control of any motor vehicle while I am under the influence of alcohol, any controlled substance, or any other hazardous substance that may impair my ability to drive. I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns. The Accident Waiver and Release of Liability Form 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 and I sign it of my own free will.

Participant's Signature: _____

Date: _____

Participant's Name (Printed): _____