



dfree® Financial Freedom Movement
Participant Registration Form



Participant Information:

Name: (Last) (First) (M.I.)

Address:

City/Town: State/Province: Zip/Postal Code:

Phone: Age: Date of Birth: Marital Status:
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Email:

Please select the 2019 Session* you are registering for (*schedule subject to change):

- Session 1 January 8 -February 26, 2019
Session 2 April 2 -May 21, 2019
Session 3 August 6 - October 1, 2018 (no class September 3rd)

Emergency Information:

Primary Physician

Health Insurance Carrier

Name: Address: City, State, Zip: Phone: Name: Policy Number: Group Number: Phone:

Please list allergies (food, etc.) and/or pre-existing conditions:

Blank lines for listing allergies and pre-existing conditions.

In the event of an emergency, please contact the following person(s):

Name: Cell/Mobile Phone: Work Phone: Alternate Phone: Email: Relationship to Participant:

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Participant Release:

I understand that the dfree® *Financial Freedom Movement*, hosted by New Dawn Vallejo Corporation (NDVC) in collaboration with Friendship Missionary Baptist Church (FMBC), unless otherwise notified, will take place on Friendship Missionary Baptist Church grounds/property. I further understand that the dfree® Financial Literacy Program will take place under the guidance and direction of adult church volunteers from New Dawn Vallejo Corporation or Friendship Missionary Baptist Church.

I hereby release, hold harmless, and indemnify New Dawn Corporation Vallejo (NDVC), Friendship Missionary Baptist Church (FMBC), their agents, representatives, employees, and volunteers from any and all claims, damages, or other liabilities for personal injury, accident, illness, or death (known or unknown) to the above referenced participant which are not the result of gross negligence, intentional neglect, or willful or wanton conduct by New Dawn Vallejo Corporation (NDVC) and Friendship Missionary Baptist Church (FMBC) or its agents, representatives, employees or volunteers while participating in activities conducted, sponsored, or associated with the event stated above. I also give my permission to be photographed by the media during these events and I give my permission for New Dawn Corporation Vallejo to use the photographs to promote the program services.

Also, in the event that I cannot be reached in the case of emergency, I do hereby authorize a physician selected by the Instructor of this event and/or a representative from New Dawn Vallejo Corporation or Friendship Missionary Baptist Church to administer emergency treatment including medications, diagnostic tests, surgery, or other medical intervention deemed necessary by the physician.

I, the undersigned, have read this release and understand all its terms.

Name (please print clearly):

Signature:

Date:
