

Adviser Academy

Release Form



Please complete this form and bring it with you to the Adviser Academy.

Walsworth Adviser Academy
Workshop sites: Kansas City, Mo., Brookfield and Marceline, Mo.
June 28, 29 and 30, 2011

I, _____, do hereby hold harmless, release and discharge Walsworth Publishing Company, Inc., and all officers, agents and/or employees from any and all claims, demands, liability, actions, causes of action, attorney fees and expenses on account of damages to or loss of my personal property or on account of personal injury or loss while attending or participating in the Walsworth Adviser Academy at the above named locations.

I have listed any medical alerts or food allergies that might require a special accommodation.

Furthermore, I authorize that medical attention be administered in the case of emergency, and that I authorize the use of my insurance plan.

Name (please print): _____

Signature: _____ Date: _____

Emergency Contact Information

Contact Name: _____

Contact Phone Numbers:

Home: _____

Work: _____

Cell: _____

Insurance company: _____

Policy number: _____

Family doctor: _____

Phone: _____