



Marion Chamber of Commerce
13 Military Road / Marion AR 72364
870-739-6041 / chamber@marionarkansas.org
www.marionarchamber.org

Event Registration & Release Form

For MCOC use:

Event: MCOC Health Fair

Event Date: 10/7/2017 Event Location: Marion Performing Arts Center, MHS Campus, Marion

Additional Event Information: Booth charge \$25

General Release

The undersigned does hereby acknowledge the release and discharge of all actions, rights, causes of action, claims and demands whatsoever that now exist or hereafter accrue against the Marion Chamber of Commerce or the City of Marion and any and all consequences resulting from the undersigned's participation in the above referenced event.

The undersigned warrants that no promise or inducement has been offered except as herein set forth, that this Release is executed without reliance upon any statement or representation by the person or parties released or their representatives; that the undersigned is of legal age, is competent to execute this Release, and accepts full responsibility thereof, and;

The undersigned agrees, as a further consideration, that this Release shall apply to any accident, casualty, and/or occurrence in reference to said event, regardless of any fault on the part of the Marion Chamber of Commerce or the City of Marion or any of its members.

The undersigned understands that photographs, video and/or digital images may be taken of this event and its participants, and may be used in online and printed promotional materials and/or publications. By virtue of the attached signature, the undersigned gives consent to such images being taken and utilized in this manner without compensation.

Registrant Name: _____

Address: _____
Street or PO Box City State Zip

Phone #(s): _____

Email: _____

Signature

Printed Name

Date