

GOODEN REUNION 2009 REGISTRATION FORM

MEMBER INFORMATION:

Last Name: _____ First Name: _____

Mailing Address: _____
Street City, State Zip Code

Cell Phone: _____ Home Phone: _____

PARENT/MEMBER REGISTRATION AGREEMENT

Health Insurance Company: _____

Policy Number: _____

Group Number: _____

Number of Adults (18 & up): _____ Number of Children: _____

Adult Names

Names of Children

FOR INTERNAL USE:

RECEIPT NUMBER

I understand that any Gooden Family Reunion participant who does not abide by the rules, regulations and policies established by the Gooden Family Reunion Committee (GFRC) is subject to dismissal without reimbursement or recourse and I hereby waive and release the GFRC and the contracted facility from any and all liability for any injury or illness while participating in the Reunion. I hereby authorize the directors of GFRC and contracted facility to act according to their best judgment in any emergency if I cannot be contacted. I understand that each participant is required to have their own medical and accident insurance. I also understand that the GFRC retains the right to use for publicity and advertisement purposes, photographs of participants.

Signature: _____

Parent/Guardian Signature: _____

Gooden Reunion 2009

819 Grandview Drive, Dunbar, WV 25064 ☎ 304-768-4751

www.goodenreunion.com / Email: info@goodenreunion.com