

GRAND COUNCIL 2019
OMEGA TAU SIGMA ETA CHAPTER
Grand Council 2019 Registration Information
September 27th-29th, 2019
University of Georgia College of Veterinary Medicine

Registration Information:

Cost of attendance for Grand Council 2019 is \$80 per person. Registration includes: Grand Council 2019 T-shirt, welcome packet, admission to all events, and meals provided. There are two possible methods of payment:

- 1) Pay by check to "OTS". Please state your **name and chapter** in the memo part of the check. Checks may be mailed to:

Taylor Strickland
196 Cedar Rock Trace
Athens, Ga
30605

- 2) Pay by Venmo to @ots-eta. Please state your **name and chapter** in the subjectline.

** Medical release forms are due to the Eta chapter by **August 27th**. They can be electronically signed and emailed to tes17655@uga.edu. If you are mailing them, please use the address above.

** A link to the google form registration and a more detailed itinerary can be found on our chapter website: otsesta.org**

Schedule of events:

Friday (9/27):

3-8pm: Hotel check in
7:15 – 8:00pm: Registration
7:30pm: Welcome Dinner
9:00pm- 2:00am: Bar crawl through
Downtown Athens

Saturday (9/28):

8:00am – 11:00am: Delegates meeting
9:00am – 11:00am: UGA VTH tours
12:00pm – 3:30pm: Lunch & Gonzo
Olympics
6:00pm: Banquet & Awards Ceremony
9:00 – 2:00am: Theme party

Sunday (9/29):

8:00am: Breakfast & Departure

Hotel accommodations:

Holiday Inn Downtown Athens:

\$109/night 2-4 person rooms
Group code: OTS
197 E Broad St, Athens, GA 3060
(706) 549-4433

Holiday Inn Express Athens:

\$109/night 2-4 person rooms
Group code: OTS
513 W Broad St, Athens, GA 30601
(706) 546-8122

*Parking is complimentary at both locations.

*Reservations must be received by 8/30.

*Bus transport will be based from these locations.

GRAND COUNCIL 2019
OMEGA TAU SIGMA ETA CHAPTER
Grand Council 2019 Registration Information
September 27th-29th, 2019
University of Georgia College of Veterinary Medicine

Medical Release Form

Participant Information

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

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 #: _____

I give my permission for such diagnostic and therapeutic procedures as may be deemed necessary by University of Georgia's Student Health Services and/or any other medical facility.

Name (print): _____
Signature: _____
Date: _____

GRAND COUNCIL 2019
OMEGA TAU SIGMA ETA CHAPTER
Grand Council 2019 Registration Information
September 27th-29th, 2019
University of Georgia College of Veterinary Medicine

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I hereby assume all of the risks of participating in any/all activities associated with **GRAND COUNCIL 2019**, 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 Eta Chapter, Omega Tau Sigma Nationals, University of Georgia 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 Eta 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 (Print): _____