



LITTWORLD 2018 RELEASE AND MEDICAL AGREEMENT

EMERGENCY CONTACT

Participant Name _____ Male Female Date of Birth _____

Participant Address _____

Emergency Contact Name _____ Phone #: _____

Emergency Contact Address _____ City _____ Country _____ Email _____

MEDICAL INFORMATION

Allergies: Bee Sting Peanuts Penicillin Environmental (pollen, mold, etc.) Other _____

If participant has allergies, what happens when participant has an allergic reaction? _____

What intervention is required to resolve these allergic reactions? None Medicine Doctor/hospital

Has participant ever experienced any of the following medical conditions? (*Check all that apply.*)

Asthma Diabetes Epilepsy Heart conditions Head injury

Other _____

DISCLAIMER

Representations and Release

I, _____, desire to participate in the various programs, events or activities associated with the LittWorld Conference (herein referred to as the "Activities"), which is being held in Singapore, operated or sponsored by Media Associates International (MAI).

I understand and acknowledge that MAI will not allow me to participate in the Activities without releasing and holding MAI harmless from any liability arising out of my participation in the Activities. I have investigated the risks involved in my participation in the Activities and fully understand and assume such risks. Specifically, I understand and acknowledge that I may suffer or experience, among other things, personal injury or bodily damage, medical disabilities, loss or theft of personal property, imprisonment, abduction and even death.

I REQUEST THAT MAI ALLOW ME TO PARTICIPATE IN THE ACTIVITIES, AND IN CONSIDERATION THEREOF:

(1) I hereby release and discharge Media Associates International (MAI), ITS OFFICERS AND DIRECTORS,

AND ITS EMPLOYEES, AGENTS, AND ANY PARTIES VOLUNTEERING ON BEHALF OF MAI, from any and all liability, claims, demands or causes of action that I may hereafter have for injuries or damages arising out of my participation in LittWorld conference activities, even if caused by negligence or other fault of MAI or its representatives. I further agree that I WILL NOT SUE OR MAKE CLAIM against MAI for damages or other losses sustained as a result of my participation in LittWorld activities. I also agree to INDEMNIFY AND HOLD MAI HARMLESS from all claims, settlements, judgments and costs, including but not limited to attorneys' fees, and to reimburse them for any expenses whatsoever incurred in connection with an action brought as a result of my participation in LittWorld.

- (2) I understand and acknowledge that LittWorld conference activities can be dangerous and I EXPRESSLY AND VOLUNTARILY ASSUME THE RISK OF DEATH OR OTHER PERSONAL INJURY SUSTAINED WHILE PARTICIPATING IN LITTWORLD WHETHER OR NOT CAUSED BY THE NEGLIGENCE OR OTHER FAULT OF MAI, including but not limited to equipment malfunction from whatever cause, inadequate training, and deficiencies in transportation, accommodations, food, and other incidents of travel.
- (3) I further acknowledge that the foreign travel I have chosen could affect my personal freedom and safety. I have carefully evaluated the potential risk of injury or detention, and I believe the risks are worth undertaking in order that I be allowed to participate in the LittWorld conference. Therefore, I HEREBY AGREE TO PERSONALLY ASSUME ALL OF THE RISKS OF LAWFUL OR UNLAWFUL DETENTION OR INCONVENIENCE ASSOCIATED WITH LITTWORLD. MAI is not liable for legal expenses, bail or ransom money that may be demanded by my detainers. Furthermore, I further indemnify and hold harmless MAI from any lawsuit or other claims that may be instituted by any person or institution claiming to be a member of my family, dependent, creditor, or any other person to whom I owe any obligation.

Emergency Authorization

The undersigned hereby give permission to licensed medical personnel attending to the treatment of the participant to order x-rays, routine tests and treatment. In the event of an emergency, the undersigned also gives permission to the attending physician to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the participant as named on this form.

I understand that I am responsible for covering any medical expenses incurred on account of sickness, because insurance for sickness is not provided by MAI.

Travel Insurance

MAI recommends that each LittWorld participant purchase travel insurance to cover emergency medical treatment and/or medical evacuation to the closest destination that can provide medical treatment. I understand that travel insurance is voluntary and up to me to arrange and pay for. I agree to indemnify and hold MAI harmless for any damages or other losses sustained as a result of my decision not to purchase travel insurance. I also agree to indemnify and hold MAI harmless from all claims, settlements, judgments and costs, including but not limited to attorneys' fees, and to reimburse them for any expenses whatsoever incurred in connection with an action brought as a result of my declination to purchase such travel insurance coverage.

Participant must sign.

	X	
Participant: Print Name	Signature	Date