2013 Registration Form



Joseph Smith Sr. Family Reunion August 1-4, 2013 Salt Lake City, Utah

To participate, send this form and include a check made to the JOSEPH SMITH SR. FAMILY REUNION for fees. Mail to:

JOSEPH SMITH SR. FAMILY REUNION Steven and Frances Orton, Co-Presidents 381 W. 3700 N. Provo, UT 84604

LINEAGE Name of Family Mem	ber Related to Joseph Smith S	r.:				
Address:	(Street)	(Cit.)	(Ototo)	(7: _n)		
	(Street)	(City)	(State)	(Zip)		
(P	hone)	(email)				
Blood Lineage of Fan	nily Member Traced Back to Jo	seph Smith Sr.:				
REUNION FEES Includes entrance to	This Is The Place Heritage Park	and lunch.				
INDIVIDUAL		\$25.00 per person	=			
(There is no reunion fee cha	arge for children two and under.)		Number	TOTAL		
		\$8.00 per shirt	=			
			Number	TOTAL		
		GR	AND TOTAL:			

FIRST AND LAST NAME AS YOU WISH TO HAVE THEM PRINTED ON THE NAMETAGS

By signing your name or your family's names below you are agreeing with and accepting the Assumption of Risk, Release and Indemnification Agreement (Please print clearly)

Name/Address/Email/Phone		Shirt Size
Name/Address/Email/Phone		Shirt Size
FOR CHILDREN AND YOUTH (Age and Gender for Youth and Prin	mary Activities)	
Name	Age/ Gender:	Shirt Size
Name	Age/ Gender	Shirt Size
Name	Age/ Gender	Shirt Size
Name	Age/ Gender	Shirt Size
Name	Age/ Gender	Shirt Size
Name	Age/ Gender	_ Shirt Size
Name	Age/ Gender	_ Shirt Size

REFUND & CANCELLATION POLICY

Refunds of registration fees will be made after the reunion as long as notification is made by Friday, July 5, 2013. A \$10.00 processing fee will apply for all cancellations. Cancellations can be sent to Frances Orton at f.orton@digis.net.

PRIVACY POLICY

The Joseph Smith Sr. Family Reunion Organization does not and will not sell your name or other private profile information to any outside parties.

IMAGE AGREEMENT

By filling out this form and attending the reunion meetings and activities permission is granted to use any image of you or your family for use on the family website http://www.josephsmithsr.org or future family publications.

ASSUMPTION OF RISK, RELEASE AND INDEMNIFICATION AGREEMENT

I understand and acknowledge, as a voluntary participant in the 2013 Joseph Smith Sr. and Lucy Mack Smith Reunion to be held on Saturday, August 3, 2013 organized by the Joseph Smith Sr. and Lucy Mack Smith Family Association and This Is The Place Heritage Park, that this activity may have risk of injuries that I have been informed of this fact and have been advised to take appropriate precautionary measures to provide for my safety and my family and that I expressly agree to assume the risk of this activity, to release and to indemnify the Joseph Smith Sr. and Lucy Mack Smith Family Association and This Is The Place Heritage Park and its officers, agents and employees from any liability for any injuries, accidents, illnesses, damages or claims which I may sustain as a result of my participation in this activity even if such is occasioned by the negligence of the Joseph Smith Sr. and Lucy Mack Smith Family Association and This Is The Place Heritage Park.

I further understand that this activity will include, but is not necessarily limited to, strenuous extended long distance running and walking in public and/or private streets, in uncertain and changing weather conditions, in and among motorized vehicles, bicycles and among other walkers, runners, skaters and other participants, all of which places me at considerable risk of personal injury, illness or even death.

Notwithstanding this risk, I also agree to be responsible for; to release and to indemnify the Joseph Smith Sr. and Lucy Mack Smith Family Association and This Is The Place Heritage Park against any expenses incurred or damages suffered as a consequence of my participation in this activity and that I carry adequate personal accident or health insurance and I am 18 years of age or older, or I am the parent or legal guardian for a minor participating in activities, or I am the parent or legal guardian and give permission for my child 6 to 12 years old to participate in activities.

The undersigned, by his/her signature below, affirms that he/she has carefully read this Assumption of Risk, Release and Indemnity Agreement, understands its contents and purposes, and voluntarily agrees to all the terms set forth above.

ture of Participant or Parent or Guardian		Date	