



2017 Annual Meeting

November 3-4, 2017, Murray State University

REGISTRATION FORM

PLEASE PRINT

Name _____

Street Address _____

City, State, Zip _____

School/Employer _____

Email _____

Phone _____

Section / Discipline _____

I plan on attending the Friday Night Poster Party & Social Hour (Yes / No)

I plan on attending the Saturday afternoon Keynote reception (Yes / No)

I would like to receive a printed program (Yes / No)

(if not a student) I am interested in volunteering to Judge (Yes / No) for the _____ Section

Meeting Registration Fees

2017 KAS Member Rate

KAS Professional Member \$70.00 _____

KAS Student Member \$40.00 _____

Non Member Rate

Professional \$90.00 _____

Student \$40.00 _____

Box lunch Saturday Nov 4 (must order before Oct 15)

Vegetarian / Omnivore / Gluten Free / Veg GF (circle your choice) add \$10 _____

2017 KAS Membership Dues

Professional Member \$35.00 _____

Student Member \$15.00 _____

Life Member \$400.00 _____

TOTAL \$ _____

Please make checks payable to Kentucky Academy of Science.

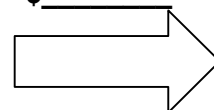


PHOTO WAIVER and LIABILITY WAIVER MUST ACCOMPANY THIS FORM (over please)

**MEDIA RELEASE & CONSENT FORM for
Kentucky Academy of Science
November 3-4 2017 Annual Meeting**

- ✓ I authorize the Kentucky Academy of Science to photograph or record my name, likeness, voice and performance without payment or other compensation.
- ✓ I release all claim to audio and video recordings or photographs of this meeting and assign all rights to these images or recordings to the Kentucky Academy of Science.
- ✓ My assignment of these rights is not limited to any specific time period or purpose.
- ✓ I warrant that all material furnished by me is either my own original work or work for which I have obtained copyright permission and full authority to use for this purpose.

I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS. BY MY SIGNATURE I REPRESENT THAT I AM AT LEAST EIGHTEEN YEARS OF AGE OR, IF NOT, THAT I HAVE SECURED BELOW THE SIGNATURE OR MY PARENTS OR GUARDIAN AS WELL AS MY OWN.

Signature of Participant _____ Date _____

I certify that I have custody of Participant or am the legal guardian and that I have read this agreement and fully understand
Signature of Parent/Guardian _____ Date _____

**RELEASE AND WAIVER OF LIABILITY FORM for
Kentucky Academy of Science November 3-4, 2017 Annual Meeting**

- ✓ I release the Kentucky Academy of Science/Kentucky Academy of Science Foundation volunteers and employees from any and all claims, damages, and causes of action of any kind or nature resulting from or relating to my participation in or attendance at the 2016 Annual Meeting. I release, waive, discharge and agree not to sue KAS/KAS Foundation volunteers and employees for any and all liability.

I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS. BY MY SIGNATURE I REPRESENT THAT I AM AT LEAST EIGHTEEN YEARS OF AGE OR, IF NOT, THAT I HAVE SECURED BELOW THE SIGNATURE OR MY PARENTS OR GUARDIAN AS WELL AS MY OWN.

I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS. BY MY SIGNATURE I REPRESENT THAT I AM AT LEAST EIGHTEEN YEARS OF AGE OR, IF NOT, THAT I HAVE SECURED BELOW THE SIGNATURE OR MY PARENTS OR GUARDIAN AS WELL AS MY OWN.

Signature of Participant _____ Date _____

I certify that I have custody of Participant or am the legal guardian and that I have read this agreement and fully understand
Signature of Parent/Guardian _____ Date _____