

**ASOCIACIÓN NACIONAL DE GRUPOS FOLKLÓRICOS
XLVI CONGRESO NACIONAL**

Embassy Suites McAllen Convention Center | McAllen, Texas | July 6-13, 2019

REGISTRATION FORM

-PRINT CLEARLY-

Participant Name: _____ Age: _____

Date of Birth (MM/DD/YYYY): _____

Group Name: _____

Director Name: _____

Chaperone Name (If participant is under the age of 18): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Membership Dues (must be an active member for conference registration to be valid)

<input type="checkbox"/> \$10 Youth/Child (17 years and below)	<input type="checkbox"/> \$35 Adult (18 years and above)
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Conference Registration	Deadline: June 12, 2019	On-site
Guest	<input type="checkbox"/> \$65	<input type="checkbox"/> \$125
Chaperone (One (1) for every four (4) minors)	<input type="checkbox"/> \$65	<input type="checkbox"/> \$125
Desarrollo (ages 8-12) Select T-shirt Size: YS YM YL AS AM AL AXL A2XL A3XL	<input type="checkbox"/> \$250	<input type="checkbox"/> \$310
Adult (ages 13+) Select T-shirt Size: YS YM YL AS AM AL AXL A2XL A3XL	<input type="checkbox"/> \$250	<input type="checkbox"/> \$310
Select your classes in order of preference (#1-#4)		
<input type="checkbox"/> COAHUILA: Parras de la Fuente		
<input type="checkbox"/> NAYARIT: Danza de la Urraca y Séptimo Cantón a Jalisco		
<input type="checkbox"/> VERACRUZ: Tropical (Danzón, Mambo, Chachachá, Salsa)		
<input type="checkbox"/> PUEBLA: Cumbias y Huapangos de Jopala		
<input type="checkbox"/> CAMPECHE: Fiesta de Palmar		
<input type="checkbox"/> FLAMENCO (Beg): Tangos de Triana		
<input type="checkbox"/> FLAMENCO (Int/Adv): Bulerias de Jerez		
<input type="checkbox"/> DESARROLLO: Coahuila, Nayarit, Campeche		

Totals and Extras

Membership Fee	From Above →	\$
Conference Registration	From Above →	\$
Farewell Reception Ticket	# of Tickets _____ x \$35 →	\$
Event Registration Protection	\$30 (Purchase is optional) →	\$
SPI Beach Excursion	# of Tickets _____ x \$25 →	\$
TOTAL DUE		\$

Send all correspondence to:

ANGF, 80 Pinehurst Street, Roslindale, MA 02131

All fees are nonrefundable. All registration must accompany a release and waiver of liability, assumption of risk, hold harmless, indemnity agreement and medical authorization (minors).



CONFERENCE LOCATION & HOTEL
ANGF 2019 Hotel Rooms and Rates

Embassy Suites by Hilton McAllen Convention Center
800 Convention Center Blvd.
McAllen, Texas 78501

Asociacion Nacional De Grupos Folkloricos
July 6, 2019 - July 14, 2019

Check-In time starts at 3:00pm

Checkout time is 11:00am

*Guests arriving prior to 3:00pm will be given access to accommodations as they become available.

GROUP SUITE RATES

Room Rate: \$114/night. Rate is for both single and double suites.

TAXES

Texas and fees at the Embassy Suites will be at a rate of 15.00%

RESORT SERVICES FEE

All of the amenities and services listed below are provided COMPLIMENTARY.

- Self-parking
- Pool & Fitness Center Access
- Business Center
- Coin Laundry
- In-Suite Internet
- In-Suite Microwave, Mini-Refrigerator and Coffee Maker
- Free Made-to-Order Breakfast
- Complimentary Evening Reception (Happy Hour)

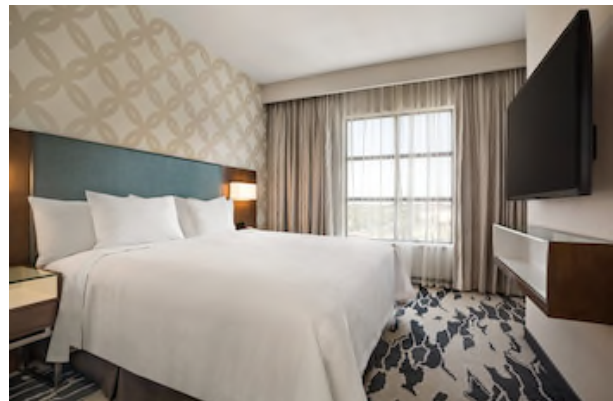
RESERVATION PROCEDURE

All reservations must be received no later than **Wednesday, June 12, 2019.**

To make a reservation, call toll free at **(956) 688-8329**

Group Name: **Asociación Nacional de Grupos Folklóricos**

Group Code: **ANG**



**RELEASE and WAIVER of LIABILITY, ASSUMPTION of RISK,
HOLD HARMLESS and INDEMNITY AGREEMENT**

ASOCIACIÓN NACIONAL DE GRUPOS FOLKLÓRICOS

NOTICE: Asociación Nacional de Grupos Folklóricos (ANGF) does not provide liability insurance for the protection of persons, organizations, businesses, groups, spectators or others who may participate at the ANGF Congreso Nacional events and all related activities (collectively the "Conference"), THE UNDERSIGNED, on behalf of the below listed organization, business or group, including their officers, employees and volunteers, and/or myself, my personal representatives, heirs, next of kin, family, relatives, guardians, conservators, executors, administrators, trustees and assigns, ACKNOWLEDGES and AGREES to the following:

1. I HEREBY RELEASE, WAIVE, DISCHARGE and COVENANT NOT TO SUE ANGF, other participants, operators, officers, or any persons, sponsors, advertisers, owners and lessees of premises used for the Conference and each of them, their officers, contractors, agents, employees and volunteers (collectively the "Released parties"), from any and all liability to the undersigned, for any and all loss or damage, and for any and all claims or demands for injury to person or death or damage to property of the undersigned, whether caused by the negligence or other legal fault of the Released Parties, arising out of or in connection with the undersigned's participation in the Conference.
2. I HEREBY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL RISK OF BODILY INJURY, DEATH, AND/OR PROPERTY DAMAGE due to the negligence or other legal fault of the Released Parties arising out of or in connection with my participation in the Conference. I expressly acknowledge and agree that participation in the Conference may be of a hazardous, strenuous, and/ or physical nature, and may involve interaction with other participants.
3. I HEREBY AGREE TO DEFENT, INDEMNIFY AND HOLD HARMLESS the Released Parties from and against any and all liability, loss, expense (including reasonable attorneys' fees and expert witness fees) or claims for injury or damages arising out of my participation in the Conference, but only in proportion to and to the extent such liability, loss, expense, attorneys; fees and/or expert witness, or claims for injury or damages are caused by or result from the negligence or other legal fault of the undersigned. Acceptance of required insurance certificates and policy endorsements does not relieve undersigned from liability hereunder and shall apply to al damages and claims of every kind suffered, or alleged to have been suffered, by reason of undersigns' negligence, misconduct, or other legal fault regardless of whether or not such insurance policies shall have been determined to be applicable to any such damages or claims for damages. These provisions shall survive any termination of the Agreement.
4. I FURTHER EXPRESSLY AGREE AND ACKNOWLEDGE that the foregoing Agreement is intended to be as broad and inclusive as is permitted by law, and that if any portion of the Agreement is held to be invalid, the balance shall continue in full force and effect.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A REALEASE OF LIABILITY AND A BINDING CONTRACT. I VOLUNTARILY AGREE TO EACH OF THE TERMS AND PROVISIONS HERIN AND SIGN THIS AGREEMENT OF MY OWN FREE WILL. I FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENTS APART FROM THE FOREGOING AGREEMENT HAVE BEEN MADE.

Participant, Printed Name

Signature

Date

Parent/Guardian, Printed Name (Under 18)

Signature

Date

Medical Treatment Authorization Form
ASOCIACIÓN NACIONAL DE GRUPOS FOLKLÓRICOS

This form grants temporary authority to a designated adult to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them. This form should be given to the trip leader or shown to the trip leader and then carried by the designated adult.

Minor

Full Legal Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Date of Birth (MM/DD/YYYY): _____ Gender: Female _____ Male _____

Information for Medical Treatment

Physician's Name and Location of Practice: _____

Physician's Phone # (if known): (_____) _____

Medical Insurer/Health Plan: _____ Policy #: _____

Allergies to Medications: _____

Allergies (Other): _____

Please note **all** conditions for which the child is currently receiving treatment:

Note any other significant medical information:

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for _____ (hereafter "Designated Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X - ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

This authorization is effective through: **July 6-13, 2019**. Signed this _____ day of _____, 20_____.

Parent / Legal Guardian Signature: _____ Printed Name: _____

Witness Signature: _____ Printed Name: _____

CONFIDENTIAL

Rev. December 2018

CONFERENCE REGISTRATION TYPES & FEES

<p>GUEST/CHAPERON REGISTRATION \$65</p> <ul style="list-style-type: none"> • Access to Welcome Reception • Access to Lectures • Access to Evening Events • Access to End of Class Recital • Video Recording at End of Class Recital Only <p><i>Note:</i> <i>ANGF chaperone rate is one (1) for every four (4) minors.</i></p>	<p>DESARROLLO REGISTRATION \$250 (Ages 8-12)</p> <ul style="list-style-type: none"> • Access to Youth Master Workshops • Conference Welcome Bag • Commemorative Conference T-shirt • Music from Master Workshops • Monografía from Master Workshops • Video Recording Rights • Access to Welcome Reception • Access to Lectures • Access to Evening Events • Access to End of Class Recital <p><i>Pre-requisite: 2 years of continuous folklórico dance experience</i></p>
<p>ADULT REGISTRATION \$250</p> <ul style="list-style-type: none"> • Access to Three (3) Master Workshops • Conference Welcome Bag • Commemorative Conference T-shirt • Music from Master Workshops • Monografía from Master Workshops • Video Recording Rights • Access to Welcome Reception • Access to Lectures • Access to Evening Events • Access to End of Class Recital <p><i>Pre-requisite: 3 years of continuous folklórico dance experience</i></p>	<p>REGISTRATION PROTECTION \$30</p> <p>New this year. Event Registration Protection from ANGF can reimburse up to 100% of your nonrefundable conference registration fee (<i>excludes membership and extras</i>) if an illness, injury, family emergency or one of countless other reasons ruins your plans within two weeks of the set conference date. (Coverage to expire on Saturday, June 22, 2019)</p> <p>Look for Event Registration Protection when completing your registering. Purchase of this plan is optional.</p>
<p><u>South Padre Island Beach Excursion</u> Wed. July 10, 2019 (Off Day) TAKE A TRIP TO THE BEACH! This year we will have an excursion trip to South Padre Island on our Free Day! There will be round trip transportation on a charter bus, lunch provided by a taquero. If you are planning to go you must purchase your seat ticket in advance. The cost is \$25 per person. The island will have umbrellas and chairs to rent, restrooms, and showers will be available. Departure time will be at 9:00 am and will return by 6:00 pm.</p> <p><i>Look for SPI Beach Excursion when completing your registering. Purchase is optional.</i></p>	<p>PAYMENT</p> <p>All Cashier's Checks, Money Orders and Purchase Orders (no personal checks will be accepted) are to be made to the order of: ANGF</p> <p>Send all correspondence and payments to: ANGF 80 Pinehurst Street Roslindale, MA 02131</p> <p>Federal ID #: 51-0141331 ANGF W-9: Available Upon Request</p>