Photo Release for Promotional/Publicity Purposes
(form must be completed by each team member)

I, (please print your name) __________________________, give Creighton University EMS Education, Omaha Nebraska ADVANCED & BASIC LIFE SUPPORT Competition’s event photographer the absolute right and permission to use my photograph in its promotional materials and publicity efforts. I understand that the photographs may be used in a publication, print ad, direct-mail piece, electronic media (e.g. video, CD-ROM, Internet/WWW), or other form of promotion. I release Creighton University EMS Education, the photographer, their offices, and employees, proprietary right I may have in connection with such use. I am 18 years of age or older.

Name: __________________________________________
Street Address: __________________________________
City, State, Zip: ___________________________________
Tel (include area code): ____________________________
Email: __________________________________________

Signature __________________________ Date ____________
The goal of the 2010 Creighton University EMS Education ALS/BLS Competition is to create a series of experiences that will prepare emergency care responders for the tasks and technologies that await them in the next century. We will train ourselves in new techniques that were once thought to be limited to specialist physicians. We will share the combined experiences of emergency personnel from all over the world. We want to train the intellectual and technological leaders of today and the future. We want you to be smart, aggressive and on the cutting edge of emergency medical care.

The 2010 Creighton University EMS Education ALS/BLS Competition will enforce this “Code of Behavior.” CU EMS Education does not wish to be in the business of policing the behavior of adults or limiting the “fun” anyone has at this meeting of peers. We will do what is necessary to protect the experience of the majority of participants from the behavior of a small minority.

All participants of the 2010 Creighton University EMS Education ALS/BLS Competition will adhere to the following:

Team Responsibilities
1. You will be personally responsible for the behavior of members from your service. If any member of a competing team is asked to leave for aggressive or disorderly behavior by the Creighton staff, then that entire team will be asked to leave. The team will be disqualified from the competition and all competition awards and CE’s. Your team will also forfeit all registration fees.

2. You will be personally responsible for the behavior of any guest you bring to the Creighton University EMS Education ALS/BLS Competition.

3. You will be personally responsible for your individual behavior within socially acceptable parameters. There will be no acts of vandalism or assault tolerated.

The personnel below have read and understand this Code of Conduct and are fully prepared to abide by its intent and the decisions of Creighton University EMS Education ALS/BLS Competition administrative staff.

______________________________________________________________________
TEAM NAME / SPONSORING ORGANIZATION
______________________________________________________________________
TEAM MEMBER PRINT / SIGN / DATE
______________________________________________________________________
TEAM MEMBER PRINT / SIGN / DATE
______________________________________________________________________
TEAM MEMBER PRINT / SIGN / DATE
______________________________________________________________________
TEAM MEMBER PRINT / SIGN / DATE
Entry Fee: $50.00 per team. (Teams will be unable to compete without payment.)

Team Type: □ALS □BLS
Team Name: ____________________________________________
Contact Name: ____________________________________________
Agency Name: ____________________________________________
Agency Tel (include area code): ________________________________
Street Address: ____________________________________________
City, State, Zip: ____________________________________________
Team Captain Tel: __________________________________________
Team Captain Email: _________________________________________

Name of Team Member Certification Number (REQUIRED)
Captain ____________________________________________
1 ____________________________________________
2 ____________________________________________
3 ____________________________________________
Alternate ____________________________________________

I hereby certify that our team has read the Rules and Regulations for the 2009 Creighton University EMS Education ALS/BLS Competition and we agree to adhere by them.

Signature of Team Captain __________________________ Signature of Medical Director/Chief __________________________

We accept the following: Cash, Check, MasterCard, Visa or Discover. Make check for $50 payable to: Creighton University EMS Education 2010 Competition

Credit Card # ____________________________________________
Exp Date/Billing Zip Code __________________________________
Cardholder Name/Signature ________________________________

Mail completed registration materials to: Creighton University EMS Education
2514 Cuming Street
Omaha NE 68131
Phone 402.280.1280 | Fax 402.280.1288