

Medical Release Form for Adults Participant Consent

Name of Participant _____ Date of Birth _____
Address _____ Phone _____
City _____ State _____ ZIP _____

PERMISSION

- I do hereby verify that the below information is correct and I do hereby grant permission for the association to obtain medical attention for me in case of sickness .or injury.
- I hereby grant permission for an attending physician or hospital to perform whatever care deemed necessary by the association for my welfare should I be unable to make reasonable and sound decisions for myself.
- I also hereby release, absolve, indemnify, hold harmless, and forever discharge the association, the organizers, sponsors, and supervisors from any and all claims, demands, actions or cause of actions, past, present, or future arising out of injury or damage while participating on this trip.
- I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the area. In case of injury to me, I hereby waive all claims against the organizers, the sponsors, or any supervisors appointed by them. I likewise release from responsibility any person transporting me to and from the activities.
- I agree to provide medical insurance.

Signature of Participant Date _____

MEDICAL AND INSURANCE INFORMATION

Health Insurance Company _____ Policy # _____
Family Physician _____ Phone _____

Check if applicable and give appropriate explanations below if needed:

- | | | | |
|--|--|--|------------------------------------|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Asthma | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Kidney Trouble | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Stomach Upset | <input type="checkbox"/> Seizures | <input type="checkbox"/> Other (Explain below) | |

Immunizations:

Tetanus: Date Received _____

Medications: List any prescriptions drugs you will be taking while on the trip (include frequency and dosage for each medication).

Comments: _____

EMERGENCY NOTIFICATION

Relative\Friend _____ Phone _____

Address _____

Relative\Friend _____ Phone _____

Address _____

Relative\Friend _____ Phone _____

Address _____

NOTARY

Dated this _____ day of _____, 20____. State of _____.

On this _____ day of _____, 20____, _____

_____ (participant) personally appeared before me, and in my presence executed the within and foregoing permission release form.

Witness my hand and official seal this _____ day of _____, 20____.

My commission expires _____

Signature Notary Public _____