

MEDICAL LIABILITY RELEASE FORM

DIRECTIONS: Due to legal restrictions, it is necessary that all participants complete this form to be eligible to participate in the Shrine Maple Sugar Bowl Parade & Pageant. This form should be returned to the Shrine Office. One copy will be given to the band directors.

PLEASE TYPE OR PRINT ALL INFORMATION

Participant Name _____ E-mail _____

Home Address/City _____

Parent/Guardian name: _____ E-mail _____

Parent/Guardian/Telephone: Home: _____ Work: _____

Student's Physician: _____ Phone: _____

Physician's Address: _____

Alternate Contact: _____

Telephone Number: Home: _____ Work: _____

School Name: _____ Grade: _____ Gender: _____

Student is covered by group or medical insurance: _____ Yes _____ No

If yes, complete the following information:

Name of insured: _____ Insurance Company: _____

Group #: _____ Policy #: _____

Please completely describe any medical condition which may recur or be a factor in medical treatment:

a. Allergies: _____ e. Physical Handicap _____

b. Convulsions: _____ f. Medicine Reactions: _____

c. Blackouts: _____ g. Disease of any kind: _____

d. Heart/lung problems: _____ h. Other (Be specific): _____

If currently taking medication, please provide the following information:

Name of medication: _____ Prescribing Physician/Phone Number: _____

Please list additional health/medication information (use back if necessary):

LIABILITY RELEASE: I certify that the information described above is accurate and complete to the best of my knowledge. I understand that each individual is responsible for his/her own insurance coverage. I for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HELD HARMLESS THE SHRINE MAPLE SUGAR BOWL, INC., their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASES OR OTHERWISE, to the fullest extent permitted by law.

(Over Please)

PARENT/GUARDIAN: *Please check the following that pertain and sign your name.*

- I give my permission for immediate medical treatment as required in the judgment of the attending physician. Notify me and/or any persons listed above as soon as possible.
- I do not give permission for medical treatment until I have been contacted.
- I give my permission for over the counter medications to be given as needed.
- I give permission for pictures or likeness to be used in publicity for future Shrine promotions.

Parent/Guardian's Signature: _____ Date _____
(Applicable for delegates under the age of 18 and must be signed by the parent or legal guardian.)

Participant's Signature: _____ Date _____