



Medical, Liability & Media Release Form

(Please print using ink)

Name of Participant (as on passport): _____

Trip / Event Name: _____ Dates: ___ / ___ / ___ to ___ / ___ / ___

School: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: ___ / ___ / ___ Phone: (____) _____ E-Mail: _____

Emergency Contact Person:

Name: _____ Relationship: _____

Address (if different from above): _____

City: _____ State: _____ Zip: _____

Phone: (home) _____ (cell) _____

Alternate Contact Name: _____ Relationship: _____

Address (if different from above): _____

City: _____ State: _____ Zip: _____

Phone: (home) _____ (cell) _____

Medical Information:

Name of health insurance company: _____

Policy #: _____ Group#: _____

In whose name is the insurance policy? _____

Family Doctor: _____ Phone: _____

Health History:

If you or your child should require medical attention for injuries or illnesses contracted prior to this trip, please provide us with the necessary information to give him/her proper medical care during their participation on this trip.

- Any pre-existing or present medical condition(s): _____

- Name and dosage of any medication to be taken: _____

- Can we give you/your child - Tylenol, Motrin, Aspirin, or for allergy Claritin type over-the-counter medications if needed in the correct dosage amount? _____

Any allergies? _____ Please list: _____

Heart condition _____ Diabetes _____ Asthma _____

Insect stings _____ Epilepsy _____ Frequent stomach upsets _____

Physical handicaps _____ Dietary Restrictions: _____

- Any major illnesses during the past year? _____

- If any of the above are checked, please give details (include normal treatment of allergic reactions): _____

- Date of last Tetanus shot: _____ Contact lenses: Y / N

- Any swimming restrictions: Yes _____ No _____ Explain: _____

- Any activity restrictions: Yes _____ No _____ Explain: _____

Medical Liability & Media Release Statement:

As parent/legal guardian of _____, I have reviewed the information about this trip/event and give my permission for the subject to be involved in overall activities connected with this Be2Live event. I have reviewed the rules of the activity and agree that the subject of this release will abide by them as affirmed in the Boundaries Commitment Form. I also acknowledge that if the subject of the release has to return home early for discipline violations, it will be at my expense.

I consent to the use of any video images, photographs, audio recordings or any other visual or audio reproduction that may be taken of the subject of this release during the activity/event to be shown as Be2Live determines.

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event they cannot be reached, in an emergency, during the dates of the current activity, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize/ secure medical attention as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by Be2Live Directors and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Be2Live, its Board of Directors, leaders, employees, and/or volunteer staff liable for damages, losses, disease, or injuries incurred by the subject of this form.

Parent / Guardian Name: _____

Parent / Guardian Signature: _____ Date: ____ / ____ / ____

Name of Participant: _____

Signature of Participant (if over 18): _____ Date: ____ / ____ / ____