

MEDICAL AND EMERGENCY RELEASE AND PERMISSION FOR GUESTS

GUEST INFORMATION

Guest Name _____ Date of Birth _____

Address _____ City/Zip _____

Home # _____ Cell # _____

CONDITIONS to be Aware of:

Allergies: _____ Chronic/Recurring Illnesses: _____ Medications currently taking: _____

My Daughter carries the following: _____ Epi-Pen _____ Inhaler _____ Other (list)

I give permission for minor first-aid/over the counter aids such as (but not limited to) Tylenol & Benadryl). **Pls Initial** _____

PARENTAL AND EMERGENCY CONTACT INFORMATION

Parents' Name _____ Cell # _____ Work # _____

In the event of an emergency where neither parent can be reached, please contact the following individual:

Name _____ Relationship _____ Phone _____

INSURANCE INFORMATION

Insurance _____ Group/Plan # _____ Subscriber _____

MEDIA RELEASE

I, Parent/Guardian of the above-named girl, hereby consent that the photographs and/or motion pictures or videotapes for which she posed, and/or the audio recordings made of her voice may be used by Washington Idaho Grand Assembly, its assignees, successors and local assemblies, in whatever way they desire, including television and electronic media. Furthermore, I hereby consent that such photographs, films, recordings, plates and tapes are the property of Washington Idaho Grand Assembly, and it shall have the right to sell, duplicate, reproduce, and make other uses of such photographs, films, recordings, plates, and tapes as it may desire, free and clear of any claim whatsoever by me or the above-named girl. YES NO **Pls Initial** _____

PERMISSION & SIGNATURE

I hereby give my daughter (named above), permission to attend _____ (event), with _____ Assembly, on _____ (date) .

I hereby release IORG together with its agents and employees from all actions, causes of action, damages, claims or demands which I, my heirs, executors, administrators or assigns may have against IORG and/or the above described parties for all personal injuries known or unknown which my child has or may incur by participating in the above activity. I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with knowledge of its significance. I hereby authorize IORG and/or its employees and agents to consent to the administration of any treatment deemed necessary by a licensed physician, surgeon, or dentist; and/or the transfer of my child to any hospital reasonably accessible. I acknowledge that IORG and/or its employees and agent may authorize such treatment and/or transfer, at their sole discretion, even though I have not been previously contacted. I further promise to hold harmless IORG and/or its employees and agents from any and all expense incurred pursuant to this authorization in obtaining medical treatment and/or transfer, including but not limited to: ambulance expense, costs of paramedics, hospital expense and/or physician charge. In the event of an injury to the attendee, it is the policy of IORG that the individual's Insurance be primary and IORG coverage be secondary.

 Please Print Name of Parent or Legal Guardian Signature Date