



WALKING TALL SOUTHERN OREGON (WTSO)

MEDIA, MEDICAL & LIABILITY RELEASE FORM

STUDENT INFORMATION:

Name _____
Birthday _____ Email _____ Phone _____ School _____ Grade _____
Address _____ City _____ State _____ ZIP _____

EMERGENCY INFORMATION:

Parent/Guardian _____ Phone _____ Work Phone _____
Alternate Contact Name _____ Phone _____ Work Phone _____
Doctor's Name _____ City _____ Phone _____
Do you have medical insurance? Yes [] or No []
Name of Medical Insurance Carrier _____ Policy# _____
Address _____ City _____ State _____ ZIP _____

HEALTH HISTORY:

ALLERGIES: Drug Allergies [], Hay Fever [], Insects [], Food [], or Other _____
CONDITIONS: Diabetes [], High Blood Pressure [], Cardiac [], Chronic Asthma [], Physical Disability [], Epilepsy [], or Other _____
If you have checked any of the above, please give details (include the normal treatment of allergic reaction): _____

Name and dosage of any medication that must be taken: _____
Activity Restrictions: _____
Date of Last Tetanus Shot _____

NOTE:

Every activity supported by WTSO is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in activities sponsored by WTSO. The parent or guardian also agrees not to hold this organization or its employees or volunteers liable for damages, losses, or injuries to the person named above on this form. The parents or guardian understand that they are signing for the minor listed on this form and their signature is for all media, medical and liability releases.

MEDICAL RELAESE:

I hereby grant permission to WTSO the right to use, reproduce, and/or distribute any photographs, film, video-tapes and sound recordings of me and my child, without compensation or approval rights, for use in materials created for purposes of promoting the future activities of WTSO.

MEDICAL AND LIABILITY RELEASE:

This health history is correct, for far as I know. In the event I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to WTSO to hospitalize, to secure proper treatment and/or to order injections, anesthesia, or surgery for my child as deemed necessary. I realize that I will be contacted at the earliest moment in case of such an emergency.

BEHAVIORAL ISSUES:

I understand that illegal or immoral activities or other inappropriate behavioral issues may result in the named participant being sent home at the expense of the parents or guardian. (These activities would include but not be limited to the possessions and/or use of illegal drugs, alcohol or weapons; sexual misconduct, stealing; fighting; etc.) WTSO will make efforts to contact the parents or guardian to decide before the named participant is sent home.

This authorization shall remain in effect from _____ to _____, unless revoked in writing and delivered to WTSO.

SIGNATURE OF LEGAL GUARDIAN: _____ DATE: _____

