2026

STUDENT FORM

WALKING TALL SOUTHERN OREGON (WTSO)

MEDIA, MEDICAL & LIABILITY RELEASE FORM

STUDENTS NAME_____Birthday_____

Student Phone_____ Text? Y or N Who you live with: _____

Family email address:

Emergency Information:

Parent/Guardian_____Phone_____Text? Y or N

Alternate_____Phone _____

Dr. Name_____Phone _____

Medical insurance carrier_____Policy#_____

Address city, State, Zip:_____

Health History:

Allergies and or food: _____

Conditions: Diabetes ( ) High Blood Pressure ( ) Cardiac ( ) Chronic Asthma ( ) Physical Disability ( ) Epilepsy ( ) or other ( )

Details to conditions: _____

_____

_____

Date of last Tetanus shot if applicable: _____

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, injuries, or communicable disease 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.

MEDIA 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 safety 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 unless revoked in writing and delivered to WTSO. SIGNATURE OF LEGAL

Guardian Signature DATE: