



PERFORMING ARTS ASSOCIATION, INC.

2009-2010 Emergency Medical Release and Liability Waiver

Member's Name: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip Code: _____

EMERGENCY CONTACTS (Must be over the age of 18)

Guardian: _____

Home Phone: _____ Alt. Phone: _____

Contact 2: _____

Home Phone: _____ Alt. Phone: _____

Contact 3: _____

Home Phone: _____ Alt. Phone: _____

MEDICAL INFORMATION

Allergies: _____

Allergies to drugs or food (be specific): _____

Other medical conditions: _____

Current Medications (name/dosage/condition being treated): _____

Date of Last Tetanus Shot: _____ Physician Ph. _____

Medical Insurance Company Name: _____

Policyholder: _____

Policy Number: _____

MEMBER HEALTH. Winter Guard and Drum Corps are physically demanding activities. Therefore, all members, especially those in questionable physical condition, are encouraged to consult with a physician before participating. Any members exhibiting health concerns that could be exacerbated by the activity may be required to secure clearance from a physician prior to rehearsing and performing with the guard. As a precautionary measure for emergency situations, all members must file a new Medical Information and Release form with the organization annually.

Indemnity. Each member agrees to hold the Conquistadors Performing Arts Association, Inc., its members, executive committee, agents, instructional staff, and all other employees harmless and indemnified in the event that the member is accidentally injured while at rehearsal, performance, or otherwise traveling with the guard. This agreement shall hold regardless of whether such as injury is, in whole or in part, a result of the use of property and equipment of the Conquistadors.

I hereby authorize the personnel designated by the Conquistadors Performing Arts Association, Inc., in case of emergency, to escort me (or my child/dependent) to any hospital, urgent care facility, or physician's office in order to secure proper treatment, including injections, anesthesia, or surgery, as needed. I agree to be financially responsible for the cost of any medical services sought.

NOTICE: This authorization for emergency medical treatment must be completed before the member may participate in the Conquistadors Winterguard of Conquistadors Drum & Bugle Corps. Treatment for injury will be based upon information provided herein. If member is under 18 years of age, parent or guardian MUST sign this form.

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(If member is under 18 years of age)

NOTE: YOU MUST ATTACH A COPY OF BOTH SIDES OF YOUR CURRENT MEDICAL INSURANCE CARD TO THIS FORM.