

Maryville College
Medical Consent Form/Release of Liability

Participant Information

Name _____ Date of Birth _____

Address _____

Phone _____

Emergency contact Name: _____

Emergency contact Phone: _____ Cell: _____

Insurance Information

Policy Holder Name _____

Policy Holder's Date of Birth _____

Policy Holder's Employer _____

Employer's Address _____

Employer's Phone _____

Medical Insurance Co. Name _____

Insurance Co. Address _____

Insurance Co. Phone Number _____

I.D. # _____ Group # _____

International Policy # _____

Please note: Each attendant must be covered by his or her own medical insurance.

- 1) List known allergies or any chronic disease: _____
- 2) If you are under a physician's care, please list the name, address and phone number of the physician and what you are being treated for. Also list any medication you are currently taking.

I hereby voluntarily assume all risk of accident, injury, damage and/or loss to my person or property, which may arise out of my participation in Kin Takahashi Week 2014. I hereby release, relieve, indemnify and hold harmless Maryville College, its trustees, officers, employees and agents from and against any and all liability or causes of action for damage to property or injury to persons or any other liability or claim of any nature or description whatsoever arising out Maryville College activities, except such liability or cause of action which arises out of the proven negligence on the part of the College, its trustees, officers, employees, or agents. I agree to cooperate fully with the College in any investigation of any incident occurring on College property or in the College's facilities.

I authorize and request Maryville College to render first aid deemed necessary to my health and well being as necessary, I grant permission for hospitalization, treatment or surgery at Blount Memorial Hospital or other accredited facility." If necessary, I grant permission for hospitalization, treatment or surgery at Blount Memorial Hospital or other accredited facility.

Participant: _____
(Please print clearly) (Signature)

Date: _____