

Southwest Virginia Partnership Inc. (SWVP)

General Release, Authorization Form and Medical Information

IMPORTANT: Bring 1 copy with each person. Make sure if the person is under 18 that the parents also signs and initials.

General Information:

Participant's Name: _____

Birth date: _____ Age: _____ Email: _____

Mailing Address: _____ City,State,Zip _____

Home Phone: _____ Cell: _____ Work: _____

Parent or Legal Guardian Name (if under 18 years of age): _____

In Emergency, notify:

Contact Person: _____

Home Phone: _____ Cell: _____ Work: _____

Medical Information:

____ Asthma ____ Sinusitis ____ Bronchitis ____ Kidney Trouble ____ Diabetes ____ Dizziness

____ Heart Trouble ____ Stomach Problems ____ Epilepsy/Seizure Disorder ____ Other

Explain if necessary: _____

Allergies:

Foods: _____

Drugs: _____

Insects: _____

Poison: Sumac, Oak, Ivy: _____

Previous Operations/Illnesses: _____

Daily Medications: _____

Restricted Activities: _____

Family Physician: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Other Insurance Info: _____

Participant's Name _____

Church you attend _____

General Release: Everyone must initial – if under 18 parent must also.

I acknowledge and understand the release and responsibility issues related with SWVP. Furthermore, I acknowledge that participants at SWVP may be engaging in many different types of activities such as painting, hammering, roofing, construction, using power tools, being on ladders, etc.

Parent Initial _____ Participant Initial _____

Authorization for Treatment

I give permission for an attending physician or hospital staff to administer medical care if deemed necessary by the physician or hospital staff while serving in Southwest Virginia.

Parent Initial _____ Participant Initial _____

Release of Claims and Liability

I do hereby release from all claims and forever hold harmless the directors, employees, home owners, and agents of SWVP from any and all claims and demands for personal injury, sickness and death, as well as property damage and expenses of any nature incurred by myself or my child.

Parent Initial _____ Participant Initial _____

Release of Likeness

I give permission for pictures and videos to be taken and used for promotion of SWVP.

Parent Initial _____ Participant Initial _____

Assumption of Responsibilities

I do assume personal responsibility for all medical bills. Furthermore, I assume all costs for damages incurred by myself or my child due to our negligence of rules and restrictions placed on us. Should it be necessary for me or my child to return home due to disciplinary action, medical reasons, or otherwise, I hereby assume responsibility for all transportation costs.

Parent Initial _____ Participant Initial _____

Participant's Signature: _____

Parent or Legal Guardian's Signature(if under 18): _____

Date: _____

SWVP always refers to the Southwest Virginia Partnership Inc.