

MEDICAL/LIABILITY RELEASE FORM

PARTICIPANT INFORMATION:

Participant's Name _____
Address _____ Birth date _____
Address _____
Phone _____ Cell Phone _____
E-mail _____

PARENT/GUARDIAN INFORMATION (if participant is under the age of 18):

Parent/Guardian Name _____
Address _____
Phone _____ Cell Phone _____
E-mail _____

INSURANCE INFORMATION:

Insurance Company _____ Group # _____
Ins. Co. Address _____
Subscriber's Name _____ Birth date _____
Subscriber Ins. ID# _____ Ins. Co. phone _____
Subscriber's Employer _____
Employer's Address _____

PARTICIPANT'S EMERGENCY CONTACT INFORMATION:

Who should we notify in case of an emergency? Name _____
Relationship to Applicant _____ Phone(s) _____

PARTICIPANT'S MEDICAL ISSUES: (disclosure will only be shared with health care professionals, if needed)

Please list any medical problems Participant has: _____

Is the Participant under the care of a physician due to physical conditions we may need to know about?

If so, explain: _____

Does Participant have any physical limitations or chronic concerns that limit your activity? If so, explain:

Are the Participant's immunizations up to date? (circle one) **Yes** or **No**

List (with dosage) any prescription medication Participant takes on a regular basis:

List any allergies to foods or medications: _____

If known, when was Participant's last tetanus vaccine? _____

CONSENT AND RELEASE:

I, _____, parent or guardian (please circle-and print name if applicable) of _____, (Participant) do hereby release, acquit and forever discharge Southern Nazarene University ("SNU"), its Board of Directors, employees, agents and representatives and all third-party service providers providing services on behalf of the Celedonio Romero Guitar Institute, of any responsibility for accidental injuries, sicknesses or incidents sustained by Participant during the Celedonio Romero Guitar Institute. I do hereby give the above-mentioned Celedonio Romero Guitar Institute entities permission to seek emergency medical treatment for Participant, as recommended by a physician. I understand that no surgical procedure will be performed without my permission and consent. I understand that any medical expenses are my financial responsibility.

Both parent/guardian and Participant agree to abide by terms and regulations of conduct prescribed by the Celedonio Romero Guitar Institute and related entities, and realize that they may be asked to leave at any time at their own expense for flagrant violations of those terms and conditions. Both parent/guardian and Participant grant permission for the Academy and the Festival entities to use in their publications any video or photo images taken of them at any Celedonio Romero Guitar Institute event. Please sign below.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(if participant is under the age of 18)