

Kiwanis Club of North Central Kiwanis Activity Consent Form and Release of Liability

Participant Name	Cell Phone	Birthdate	Age
Address	City, State, Zip		
Email of Participant	Email of Parent (if minor child)		

Has approval for travel and participation in the following activity:	From	To

INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION

I understand that participation in activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or North Central Kiwanis. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct. In case of an emergency involving my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge and/or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities. With appreciation of the dangers and risks associated with programs and activities including preparations for and transportation to and from the activity, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against Kiwanis International, the local club, the activity coordinators, and all volunteers, related parties, or other organizations associated with any program or activity. NOTE: The Kiwanis cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. List any restrictions imposed on a youth participant in connection with programs or activities below and counsel your child to comply with those restrictions.

Photography Release: I agree to allow any photographs or video taken of myself (or my minor child) to be used for any advertising, marketing, promotional and/or educational purposes. Please do not use any photos of myself (or my minor child). _____ Initials

RESTRICTIONS

Participant restrictions	<input type="checkbox"/> None <input type="checkbox"/> As Listed Below

MEDICAL

Insurance Carrier	Group/Policy #	ID#	Insurance Phone
Physician Name	Physician Phone	Allergies	
Medications (Name, Dosage, Directions)			

Participant Printed Name	Signature	Date
Parent/Guardian Printed Name (Minor Participant)	Signature	Date
Emergency Contact Name	Emergency Contact Phone	