



Medical and Liability Release Form
USE for all Rotary DISTRICT 5330 INTERACT EVENTS

MUST BE COMPLETED FOR ALL STUDENTS
Please Print Clearly and Return with Registration Form

Student's Name: _____

Address: _____ City: _____ Zip: _____

Parent or Guardian: _____ Relationship _____

Home Phone: _____ Cell: _____

Other Emergency Contact: _____ Phone: _____

Medical Insurance Provider _____ Policy Number _____

Insured's Name _____

Alternate:

In the event of a medical emergency you are authorized to use the following credit card to provide care

Name, as shown on card. _____

Card Number _____ Bank or Institution name _____

Pin or code on back _____

Medical Transportation, Activity and Photo Release

I give permission to Rotary District 5330, and its agents to select transportation to a medical provider who may provide proper treatment for, hospitalization of, order injections, X-ray examinations, anesthesia or surgery for my child as named above. The above named agent is authorized to make medical decisions concerning the health and welfare of my child.

I voluntarily elect to allow the above named, to participate in activities and assume the risk of injury or harm that could result from participation. On my own behalf and that of my personal representatives and heirs, I hereby release Rotary District 5330, its officers, employees and agents from all liability from any injury or harm to my child (or minor) from participating in any activity whether the injury or harm is caused by accident or by negligence or otherwise.

I hereby agree that Rotary District 5330 and or its agents may use any type of audio and/or visual records of this program for its promotional and/or commercial purposes without compensation.

I have read, understand, and agree to the above. My child may participate in any activity except as I have noted on the of this form.

Parent/Guardian Signature:

_____ **Date** _____