



# 2010 Participant Form

## Participant Information

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Grade (Youth) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Your Church \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

In Case of Emergency, please contact \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

## Medical Profile

List any medical diagnoses for which you are CURRENTLY being treated \_\_\_\_\_

List any medication you are CURRENTLY taking \_\_\_\_\_

List any medicines or substances to which you are ALLERGIC \_\_\_\_\_

Family Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

Date of Last Tetanus Immunization \_\_\_\_/\_\_\_\_/\_\_\_\_ (Note: Must be since June 1, 2000)

Insurance Company \_\_\_\_\_

Policy or Group # \_\_\_\_\_

Subscriber Name \_\_\_\_\_ Subscriber Number \_\_\_\_\_

## Authorization for treatment / Release of All Claims

I, the undersigned, so for myself (or for and on behalf of my child under 18 years of age) give permission for an attending physician or hospital to administer medical care deemed necessary by the **Mission Indy Inc.** Site Leader and the attending physician or hospital staff during the Mission Indy Inc. Project. I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) hereby release from all claims and forever hold harmless the directors, officers, employees and agents of **Mission Indy Inc.** from any and all claims and demands for personal injury, sickness, and death, as well as property damages and expenses, of any nature incurred by myself (or my child under 18 years of age). I also assume personal responsibility for all medical bills (for myself or my child under 18 years of age). Further, should it be necessary for me or my child to return home due to disciplinary action, for medical reasons, or otherwise, I hereby assume responsibility for all transportation costs.

## Model Release

I further understand that Mission Indy Inc. uses photography, videotapes and other images and voice reproductions of participants in materials such as promotions of its charitable purposes. I hereby give Mission Indy Inc. and its representatives and agents absolute permission to use such pictures, images and voice reproductions of participant for any purpose and media, and waive any proprietary, personal or other right to inspect and pre-approve such use.

Please complete and sign below. (Youth under 18 requires parent/custodial signatures) *Form must be notarized.*

Participant Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Custodial Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Notary Public

“Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2010.”

My commission expires: \_\_\_\_\_ (affix seal)

\_\_\_\_\_  
Notary Public Signature