

MEDICAL LIABILITY RELEASE FORM

DIRECTIONS: Due to legal restrictions, it is necessary that all participants complete this form to be eligible to participate in the Shrine Maple Sugar Bowl Parade & Pageant. This form should be returned to the Shrine Office. One copy will be given to the Band Director.

PLEASE TYPE OR PRINT ALL INFORMATION

Participant Name _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian Name _____ E-mail _____

Parent/Guardian/Telephone: Home _____ Work _____

Student's Physician _____ Phone _____

Physician's Address: _____ City _____ State _____ Zip _____

Alternate Contact: _____ Alternate's Phone _____

Alternate's Relationship _____ Alternate's Email _____

School Name: _____ Grade: _____ Gender: _____

Is Student covered by group or medical insurance: Yes No If yes, complete the following information:

Name of insured: _____ Insurance Company: _____

Group #: _____ Policy #: _____

Please completely describe any medical condition which may recur or be a factor in medical treatment:

a. Allergies: _____ b. Convulsions _____ c. Blackouts _____

d. Heart/Lung Problems _____ e. Physical Handicap _____ f. Medicine Reactions _____

g. Disease of any Kind _____ h. Other (Be specific): _____

Name of medication presently taking: _____

Prescribing Physician/Phone No: _____

Please list additional health/medication information: _____

LIABILITY RELEASE: I certify that the information described above is accurate and complete to the best of my knowledge. I understand that each individual is responsible for his/her own insurance coverage. I for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HELD HARMLESS THE SHRINE MAPLE SUGAR BOWL, INC., their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

PARENT/GUARDIAN: Please check the following that pertain and sign your name.

- I give my permission for immediate medical treatment as required in the judgment of the attending physician. Notify me and/or any persons listed above as soon as possible.
- I do not give permission for medical treatment until I have been contacted.
- I give my permission for over the counter medications to be given as needed.
- I give permission for pictures or likeness to be used in publicity for future Shrine Maple Sugar Bowl promotions.

Parent/Guardian's Signature: _____ Date _____



**SHRINE MAPLE SUGAR BOWL INC.
INCORPORATED
FOOTBALL GAME**

Benefits Shriners Hospitals for Children
P.O. BOX 820 ~ LEBANON, NH 03766-0820
Tel: (603) 448-1042 ~ Fax: (603) 448-1092
Email: nhvtshrinebowl@gmail.com
Web: www.shrinemaplesugarbowl.com

CONSENT OF MUSICIAN

I, _____, hereby agree to participate with the Shrine Maple Sugar Bowl All Star Band, take part in 2 days of rehearsals (dates and location to be announced) and play in the pregame parade and halftime show on Saturday, August 1, 2020 which will be held at Castleton University, Castleton, VT.

I agree to abide by all the rules and regulations to be established by the Band Directors.

Furthermore, I understand that I may be deemed ineligible if, at any time, my conduct is found to be inappropriate. The respective Band Directors and the Shrine General Chairman will determine this.

DATE: _____ SIGNED: _____
(Musician)

Instrument you play: _____

T-Shirt Size: _____

CONSENT OF PARENT OR GUARDIAN

I, _____, give my son or daughter permission to participate with the Shrine Maple Sugar Bowl All-Star Band and participate in the pregame parade and halftime show on Saturday, August 1, 2020.

DATE: _____ SIGNED: _____
(Parent or Guardian)

RELEASE OF LIABILITY—READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the Shrine Maple Sugar Bowl Football program, related events and activities, I _____,
the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HELD HARMLESS THE SHRINE MAPLE SUGAR BOWL, INC., their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (“Releasees”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITIES AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

_____ Age _____ Date _____
Participant’s Signature

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE

UNDER AGE 18 AT TIME OF REGISTRATION

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the releases from any and all liabilities incident to my minor child’s involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Guardian’s Signature _____ Date _____

Emergency Phone Numbers _____