



Hocking College Safety Town Program Emergency Medical/Liability Waiver Form



Please Print

Participant's First Name _____ Last Name _____ Birth Date _____ Male Female

Street Address _____ Home Phone _____

City _____ State _____ Zip _____

Parent/Guardian _____ Home Phone _____

Address (if different than above) _____

City _____ State _____ Zip _____

Place of Employment _____ Work Phone _____

Cell Phone _____ Email Address _____

Emergency Contact

Parents cannot be listed as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness if you cannot be reached. Any person listed should be able to assist in contacting you. At least one person listed must be local, able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years old.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

- In the event of an emergency, **I grant permission** for my child to be medically transported.
- I do not grant permission** for my child to be medically transported in the event of an emergency.

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Hospital of Choice _____

Known allergies of participant _____

Current medications _____

Health concerns or physical impairments _____



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Release Information

My child may be picked up/released to the following adults:

Use of Photograph

I hereby grant and give Hocking College the right to use the participant's image for any and all purposes include, but not limited to, private or public presentation, advertising, publicity and promotion relation hereto.

Signature of Legal Guardian _____

Liability Form

I, _____ (*legal guardian*) acknowledge that participation in Hocking College Safety Town Programs may involve some risk of physical injury due to the nature of activities. I understand that participation in these activities could and may present a risk of injury to my or my child's property or person and I knowingly accept the possible risk of falling, getting bumped or injured by another participant or equipment.

In consideration for acceptance of these programs, I do hereby release and forever discharge, for myself, my heirs, executors and administrators, any and all claims to collect damages which my child may incur in these activities, and any and all rights to such damages against Hocking College or its representatives, employees, independent contractors, agents or officials, directors, sponsors, or any officials or these programs, I further represent that my child is in good physical condition to participate in this program.

Signature of Legal Guardian _____