



**Medical Release/Emergency Information and Hold Harmless Agreement**

To be completed by parent(s)/legal guardians of all participants under 18 years of age or by participants themselves if 18 years of age or older.

Name of Participant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**The following medical information about this participant is for the purpose of obtaining immediate medical attention if necessary.**

Regular Medication required (insulin, antihistamine, etc.): \_\_\_\_\_

Allergies (food, drug, insects, etc): \_\_\_\_\_

Activities Prohibited by physical limitations: \_\_\_\_\_

Tetanus shot in the last 10 years? *(please circle)* Yes No

Other: \_\_\_\_\_

Is participant currently under a doctor's care?: *(list name/phone)* \_\_\_\_\_

If insured, please list insurer and policy number: \_\_\_\_\_

This certifies that the above-named participant is physically able to participate in activities with the exception of those listed, and that immediate medical attention may be obtained if necessary. By signing below I agree to indemnify and hold harmless and forever release Iowa Pride Network and its directors, officers, and employees and agents against and from any and all claims and damages, suits and proceedings, medical expense of every type, all or part thereof which arise out of or relate to any activities of the participant of Iowa Pride Network, including but not limited to acts or omissions of Iowa Pride Network. In the event of an emergency, I hereby authorize the above representatives of Iowa Pride Network to engage a licensed doctor to render medical services which may, in the sole discretion of the doctor, be necessary; I further authorize said representatives to take the participant to the hospital if it should seem necessary and agree that I will pay all doctor, hospital and related bills.

Parent(s) or Legal Guardian(s) (print): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Relationship of emergency contact to participant: \_\_\_\_\_

**Signatures of Participant or Parent(s)/Guardians: \_\_\_\_\_ Date: \_\_\_\_\_**

*This release will be treated as a confidential document. It will be destroyed thirty (30) days after March 2, 2011 unless there is an event that requires use of this release.*