



## Medical Consent / Release Form for E2:10 Outdoors Activity

Description of event I or my child will be participating in : \_\_\_\_\_

Date of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Name of Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School/Grade Level: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent / Guardian of Participant: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Emergency Contact #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Participant Medical Information

Medical or Food Allergies: \_\_\_\_\_

Medical Needs: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### Indemnity and Contract Agreement

In signing this from I agree to not hold or attempt to hold E2:10 Outdoors liable for any loss, damage, or injury to person or property caused by any act or neglect of other persons, or caused in any manner other than the willful or negligent act of E2:10 Outdoors, its agents, volunteers and employees, and will indemnify and hold E2:10 Outdoors harmless from any liability for damages or claims against E2:10 Outdoors arising out of or in any way related to any such loss, damage or injury.

I release E2:10 Outdoors, including its trustees, employees and agents, from me or my child's physical injury, including death, or illness while at the activity.

I/We will assume the risk associated therewith, whether known or unknown to me/us at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns.

### Authorization for Treatment:

I/We herby give permission to the medical personnel selected by E2:10 Outdoors to secure and administer treatment and to maintain and/or release any medical records necessary for insurance purposes as outlined under the HIPAA regulation, and to provide or arrange necessary related transportation for the above named person. To obtain a copy of E2:10 Outdoors Notice of Privacy Practices, email [shane@e210outdoors.com](mailto:shane@e210outdoors.com).

I verify that I or my child named above is in good health and capable of participating in strenuous activities and, when necessary, will tailor my/their activities to those within the bounds of my/their physical health.

I recognize that any medical treatment that is provided to me (or my child) while attending an E2:10 Outdoors activity will be paid for by my/their medical insurance company and guarantee payment for services not paid by insurance. E2:10 Outdoors ONLY covers one single claim less than \$300.

I hereby grant E2:10 Outdoors permission to use, reproduce, and/or distribute photographs, films, video and sound recordings of me or my child without compensation or approval, for use in materials created for purposes of promoting the activities of E2:10 Outdoors, including the internet.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_