

## ADULT EMERGENCY CONTACT AND MEDICAL FORM

*The information requested on this page is confidential and for emergency use only. In the event of an emergency, this information will be used by program staff and emergency personnel. Please be honest when completing this form.*

### SECTION 1. BASIC CONTACT INFORMATION

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Adult's Last Name                                  Adult's First Name                                  Adult's Middle Name

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

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City                                  State                                  Zip Code                                  Date of Birth

Telephone 1: \_\_\_\_\_ Telephone 2: \_\_\_\_\_ Telephone 3: \_\_\_\_\_

**IN CASE OF EMERGENCY, CONTACT:**

1. \_\_\_\_\_  
NameRelationship

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Street Address                                  City                                  State                                  Zip Code

Telephone 1: \_\_\_\_\_ Telephone 2: \_\_\_\_\_ Telephone 3: \_\_\_\_\_

2. \_\_\_\_\_  
NameRelationship

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Street Address                                  City                                  State                                  Zip Code

Telephone 1: \_\_\_\_\_ Telephone 2: \_\_\_\_\_ Telephone 3: \_\_\_\_\_

**ADULT'S PHYSICIAN**

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Name    Phone

### SECTION 2. INSURANCE INFORMATION

***Please attach a photocopy of the policy holder's insurance card as proof of insurance.***

Insurance Carrier: \_\_\_\_\_ Group or Policy #: \_\_\_\_\_

Address for Claims: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Policy Holder's Date of Birth: \_\_\_\_\_ Policy Holder's Insurance ID #: \_\_\_\_\_

**SECTION 3. HEALTH INFORMATION**

Are you allergic to anything?

No. \_\_\_\_\_ Yes: *Please list all allergies.*

Are you taking any medication?

No. \_\_\_\_\_ Yes: *Please list all medications.*

Do you have any medical/mobility/mental health concerns of which we should be aware?

No. \_\_\_\_\_ Yes: *Please list.*

*The information provided on this form is accurate to the best of my knowledge, and I have indicated any special health conditions that should be known to program staff and medical personnel. If I am unable to give consent in the event of an emergency, I hereby give permission to medical personnel to administer emergency medical treatment.*

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

Print Name: \_\_\_\_\_

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

## Participant Liability and Photo Release Form

I, \_\_\_\_\_, hereby release, indemnify, and hold harmless Warren Wilson College, the Exploring Joara Foundation, Tulane University, University of Michigan, Western Piedmont Community College, and their respective officers, directors, employees, agents, contractors, subcontractors, representatives, successors and assigns, and all persons conducting directly or indirectly, the activities surrounding my involvement as a program participant from any and all claims, rights, demands, actions, causes of action, expenses and damages, which I or my heirs, personal representative, successors, assigns or anyone claiming by, through or under me ever had, now have, or may have against the parties identified above arising from any injury, act or omission relating in the way to my participation as a program participant.

I understand that I will not be entitled to and will not receive Worker's Compensations benefits or other similar payments from Warren Wilson College, the Exploring Joara Foundation, Tulane University, University of Michigan, or Western Piedmont Community College, under the law of the State of North Carolina in the event that I am injured.

I hereby provide consent to these institutions to copyright, publish, use, sell or assign any and all photographic portraits or pictures, television spots, movie films, videotapes, and/or sound records or any part thereof, that they may take or make of me during my time as a program participant in which I may be included in whole or in part, whether separate from or in conjunction with, illustrative or written manner, story or news item, motion pictures, television or radio spots, or for publicity, advertising or any other lawful purpose whatsoever, in conjunction with my name or in anonymity. I hereby waive any right I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith or the use to which it may be applied. I hereby waive all claims for compensation of such use or for damages.

I acknowledge that I have read, fully understand and am voluntarily signing this release without any inducement from any member of the staff.

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Signature of Adult Participant

Date