

Waiver and Consent for Attendance and Medical Treatment

In consideration of participation in the event, _____ [Event Title] _____ at _____ [Location] _____ hosted by Circle K International of _____ [School] _____ on _____ [Date] _____ from _____ [Time] _____ to _____ [Time] _____,

I, _____ (participant) give my consent as follows:

1. Understand and agree that my image may be captured in photographs or video and used in publications, including, but not limited to, posting of my image on the internet. I give permission to do so and my waiver and release in this document applies to those uses as well. I additionally release Kiwanis, Kiwanis Service Leadership Program groups, its agents, representatives, directors, officers, and members from all liability from any and all injuries that may occur by the use of my picture, image, name, or other materials stated herein. I understand and agree that all rights under *Section 1542 of the California Civil Code* are hereby waived
2. That in the event of a medical emergency, I understand that every effort will be made to contact the emergency contact listed below. In the event they cannot be reached or time does not permit, I hereby give permission to any responsible adult who is acting as a chaperon to authorize any medical treatment deemed necessary and proper by any licensed physician or other medical provider. Furthermore, I understand and agree that if such medical treatment is not covered by my personal medical insurance, I will be solely and completely responsible for any and all financial costs associated with that medical treatment.

I have read and agree to all terms and conditions stated herein and I hereby **RELEASE, WAIVE, AND FOREVER DISCHARGE** Kiwanis International, Circle K International, the California-Nevada-Hawaii Districts of Kiwanis and Circle K, as well as all of their agents, employees, trustees, volunteers, affiliated clubs, officers, directors, and members, from any and all liability for any claim, damage, or injury, including but not limited to physical and/or emotional injury, medical and/or psychological expenses, and attorney's fees, arising from or related to participation in this event.

Signature of Participant

Date

Print Participate name

Phone Number

Street Address

City and ZIP

Emergency Contact and Relationship

Emergency Contact Area Code & Phone Number

Health Insurance Provider

Regular Medications

Known allergies or medical conditions: _____

IF THE PARTICIPANT IS UNDER 18 YEARS AGE, THE FOLLOWING MUST BE SIGNED BY A PARENT OR GUARDIAN:

I, _____, am the parent/legal guardian of the above named. I have read and agree to all terms and conditions and give my consent and agree to the foregoing on behalf of the participant.

Signature

Relationship

Print Name

Phone Number