

FALL TRAINING CONFERENCE 2017

Waiver and Consent to Medical Treatment

In consideration of being allowed to participate in the Fall Training Conference, including but not limited to activities before the Opening Session, on November 3 through 5, 2017, I _____ [print participant's name], hereby waive and release Kiwanis International, Circle K International, the California-Nevada-Hawaii District 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 my participation in this event.

I understand and I am aware that these activities involve physical activity and risk, including but not limited to where I choose to participate in any athletic competition, dancing or hiking, and particularly because the event is held at a site in an elevation where I may be unaccustomed to the conditions. I represent that I am in appropriate medical condition to engage in the activities, that I will monitor my medical condition to take appropriate precautions, and I assume and all risks associated with any activity I undertake. I agree to follow the directions of any and all supervising adults, such as members of Kiwanis. I further understand that failure to follow such directions, or to otherwise act in an unsafe, illegal or unsportsmanlike manner, will be a basis from my being precluded from continuing to participate in the whole event or any particular activity without refund of any fees or expenses paid, or from being allowed to participate in future activities.

I understand and agree that students who may be both over 18 and under 18 will be housed together.

I 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 express permission to do so, and my waiver and release in this document applies to those uses as well.

In the event I am injured, I authorize the supervising adults to obtain medical treatment on my behalf as may be reasonably necessary. 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 am at least 18 years of age, or a legally emancipated minor. I agree and consent to the foregoing.

Signature of Participant

Date

Print Participant Name

Home Area Code and Telephone

Home Street Address and Apartment, if applicable

Home City and Zip

Emergency Contact and Relationship

Emergency Contact Area Code and Number

Health Insurance Provider

Regular Medications

IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE AND NOT A LEGALLY EMANCIPATED MINOR, THE FOLLOWING MUST BE SIGNED BY A PARENT OR GUARDIAN.

I consent and agree to the foregoing on behalf of the participant.

Signature

Relationship to Participant

Print Name

Area Code and Phone

