



JR. SPIKE CLUB

PERSONAL LIABILITY / MEDICAL RELEASE / PHOTOGRAPH RELEASE

All students who attend any Jr. Spike Club events or activities are required to have this form completed and turned in before participating. Parents: Please make a copy of the completed form for your records.

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Date of birth \_\_\_\_\_

Home street address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

School \_\_\_\_\_ School Phone # \_\_\_\_\_

School street address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

MEDICAL INFORMATION

- 1. Allergies (drug or otherwise) \_\_\_\_\_
2. Current medication \_\_\_\_\_
3. Describe any history of heart condition, diabetes, asthma, epilepsy, or rheumatic fever, etc. \_\_\_\_\_
4. Physician's name \_\_\_\_\_ Physician's phone # \_\_\_\_\_
5. Insurance Company \_\_\_\_\_ Plan Number \_\_\_\_\_
6. Group Number \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_
7. Emergency contact: \_\_\_\_\_ Phone # \_\_\_\_\_

"I hereby agree to release Buckeye Valley BIA, its representatives, agents, servants and employees from liability for any injury to above name person at any time while attending Jr. Spike Club activities, including travel to and from the event, excepting only such injury or damage resulting from willful acts of such representatives, agents, servants and employees."

"I do voluntarily authorize the Executive Officer, assistants and/or designees to administer and/or obtain routine or emergency medical treatment for the above-name person as deemed necessary in medical judgment."

"I agree to indemnify and hold harmless Buckeye Valley BIA and/or assistants and designees for any and all claims, demands, action, rights of action, or judgments by or on behalf of the above-named person arising from or on account of said procedures or treatment rendered in good faith and according to accepted medical standards."

"I hereby authorize any physician member of the Department of Emergency Medicine of an accredited hospital or any member of the medical staff of an accredited hospital to render medical treatment, which in his/her judgment is deemed necessary in the care of the above name person (child or student) while attending a Jr. Spike Club activity, including time traveling to and from the event."

"I permit Buckeye Valley BIA to use video footage and photographs of my child for publicity that might include but is not limited to: website, powerpoint presentations, promotional videos, flyers or news publications."

Signature of parent or guardian (of child or student)

Date

Participant's signature

Date