

PERSONAL LIABILITY AND MEDICAL RELEASE

This form is required of all children, students, and adults who attend the NH-TSA Conference. Please make a copy of this completed form for your records.

Name _____ Home Telephone _____

Cell Phone _____

Home street address _____ City/state/zip _____

Social Security _____ Date of Birth _____

Advisor _____ Insurance Company/number _____

School _____ School Telephone _____

School Street Address _____ City/State/Zip _____

MEDICAL INFORMATION (children and students only)

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 telephone _____

"I hereby agree to release the New Hampshire Technology Student Association, Inc., its representatives, agents, servants, and employees from liability for any injury to above named person at any time while attending the Technology Student Association's annual conference, including travel to and from the conference, excepting only such injury or damage resulting from willful acts of such representatives, agents, servants, and employees.

"I do voluntarily authorize the New Hampshire Technology Student Association's state advisors, assistants, or designees to administer or obtain routine or emergency diagnostic procedures or routine or emergency medical treatment for the above named person as deemed necessary in medical judgment.

"I agree to indemnify and hold harmless the New Hampshire Technology Student Association, Inc., and said executive director, assistants, and designees for any and all claims, demands, actions, 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 named person (child or student) while attending this trip."

Signature of parent or guardian (if child or student)

Date

Participant's or advisor's signature

Date