

MISS TEEN PROMISE MEDICAL FORM AND RELEASE OF LIABILITY AGREEMENT
{FOR PARTICIPANT 18 YEARS OR OLDER}

I. PARTICIPANT INFORMATION:

Name of Participant: _____ Age: _____ Division _____

II. PARENT/GUARDIAN/SPOUSE CONTACT INFORMATION:

Name of Parent/Guardian/Primary Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work
Phone _____ Email address you check frequently: _____

III. EMERGENCY CONTACTS (please provide an additional person, different from the parent/guardian/spouse listed above, who would be contacted in the event that the parent/guardian/spouse is unavailable)

First Contact's Name: _____ Relationship: _____

Home Phone: _____ - _____ - _____ Work/Cell Phone: _____ - _____ - _____ ext _____

Family Physician's Name: _____ Telephone: _____

IV. SAFETY & MEDICAL INFORMATION (please list all known conditions so we can accommodate your needs) Do you have any medical conditions, allergies, or special needs the staff should know about?

V. MEDICATIONS CURRENTLY TAKING

Please list **ALL** prescription medication taken routinely, the dosage, and the frequency of administration. Staff will not be responsible for giving participant's meds, but need to know in case of a medical emergency.

I take NO medications on a routine basis

I take medications as follows: *Attach additional pages as needed*

Med #1 Dosage

Specific times taken each day

Reason for taking

Med #2 Dosage Specific times taken each day

Reason for taking

Do you have any behavioral or emotional issues the staff should know about?

VI. OTHER INFORMATION:

Is there anything else you would like us to know and/or that the staff should know?

VII. TEEN PROMISE EXPERIENCE

What are the two most important things you want to learn from her Teen Promise experience?

- 1. _____
- 2. _____

VIII. KNOWLEDGE OF TEEN PROMISE

How did you hear about the Miss Teen Promise program? (Check All That Apply)

- | | |
|--|---|
| <input type="checkbox"/> Radio Ad on Power 92.3 FM | <input type="checkbox"/> EMAIL Blast |
| <input type="checkbox"/> Radio Ad on KOKY 102.1 FM | <input type="checkbox"/> Comcast Channel 18 Billboard |
| <input type="checkbox"/> Radio Ad on PRAISE 102.5 FM | <input type="checkbox"/> Comcast Channel 18 Program |
| <input type="checkbox"/> Family/Friend | <input type="checkbox"/> Other: _____ |

IX. ACKNOWLEDGMENT/ RELEASES

Please initial to verify that you have read and understand each statement.

I do not presently suffer from any illness, disease or disability that will prohibit, restrict, or impair my ability to fulfill my obligation of fulfill my Year of Service. At the present time. _____

Any photos, recorded (audio or video) and written materials created for and/or during the Miss Teen Promise Female Preparatory & Scholarship program are property of Teen Promise Incorporated and may be used for promotional purposes at the discretion of Teen Promise Incorporated. _____

The policy and intent of Teen Promise Incorporated is to provide equal opportunity for females regardless of race, color, religion, national origin, ancestry, marital status, political affiliation, status with regard to any other status protected under federal, state, or local laws. We promote respect and do not tolerate racism, sexism, homophobia, other discriminatory behavior or expression, or conduct that is deemed by Teen Promise Incorporated as disruptive to other participants and/or the program. _____

I understand that in the event of any accident or emergency that every effort will be made to contact the parent/guardian/spouse/emergency contact. However, in the event that they cannot be reached, I hereby give my permission to the physician selected to give proper treatment as needed if necessary. _____

In consideration of the opportunity to participate in programs of Teen Promise Incorporated, I hereby assume all risks and release and hold harmless the organization and all its members, volunteers, employees, and affiliates from any claims which might arise as a result of my presence, participation or membership in the program. _____

X. TO BE COMPLETED BY ADULT PARTICIPANT IN THE MISS TEEN PROMISE PROGRAM:

By signing, I acknowledge and agree that releases, permissions and waivers set forth above are applicable to my participation to the fullest extent permitted by applicable law. I verify that all the information I have provided in this document is true to the best of my knowledge.

X _____
Participant Signature

Date