

TENNESSEE AMERICAN LEGION BOYS STATE (TNALBS)

Participant Information and Releases

I. GENERAL INFORMATION

Name of Participant: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____

Person Responsible for Medical Coverage/Costs: _____

Parent or Legal Guardian: _____

Parent/Guardian Address (if different from Participant's address): _____

Parent's/Legal Guardian's: Home Phone: _____

Work Phone: _____ Cell Phone: _____

Primary Emergency Contact Information:

Name: _____

Address: _____

Telephone: _____ Cell: _____

Secondary Emergency Contact Information:

Name: _____

Address: _____

Telephone: _____ Cell: _____

II. MEDICAL INFORMATION AND AUTHORIZATION

A. Authorization, Release and Indemnification

By signing this document, I grant TTU and the Tennessee American Legion Boys State (TNALBS) permission to authorize emergency medical treatment if deemed necessary by TTU and give permission to transport to an appropriate medical facility. I agree that TTU and TNALBS assume no responsibility or liability for any injury or damage that might arise out of or in connection with such authorized medical treatment. I also agree to indemnify TTU for any liability, including attorney's fees, for any actions brought against TTU for any unpaid medical costs or bills incurred by Participant.

B. Insurance Information

I understand that Tennessee Tech University does not offer any form of insurance for the Participant while participating in Boys State. The TNALBS insurance program provides benefits for medical expenses not covered by other family insurance. For details regarding this policy, visit tnboysstate.org

Please check the applicable box:

- I have insurance and have attached a copy of the *front and back* of the card.
 I do not have insurance.

C. General Medical Information

- a. Does participant have any medical conditions that you or your doctor feel would limit camp participation? YES NO
If yes, identify and explain:
- b. Is participant currently taking medication that may interfere with ability to safely participate in Program? YES NO
If yes, please indicate the medication and the condition being treated:
- c. Does participant have a history of allergies or reactions to medications, insect stings, or plants? YES NO
If yes, please explain:
- d. Does participant have a history of, or currently suffer from, medical condition(s) with which we need to be aware? YES NO
If yes, please explain:
- e. Approximate date of last tetanus shot: _____
- f. Please describe any other conditions of which we should be aware.

III. EARLY DEPARTURE (not applicable to participants 18 years of age or over)

In case of early departure, my child may be released to the custody of the following people:

1. _____
2. _____
3. _____

Minor participants will NOT be released to anyone other than individuals listed above.

IV. PERMISSION TO RESIDE IN TENNESSEE TECH HOUSING [IF APPLICABLE]

I give permission for participant to reside in Tennessee Tech Housing for the duration of the Program.

V. Photo/Video Consent

Intending to be legally bound, I do hereby irrevocably consent to and authorize Tennessee Technological University, its officers, employees and agents, (the "University") and Tennessee American Legion Boys State (TNALBS) to use existing photographs, photograph, video tape, record, publish, re-publish, broadcast, re-broadcast, adapt, exhibit, perform, reproduce, edit, modify, make derivative works, distribute, display or otherwise use or reuse my name, image/likeness or voice in any media or technology now known or hereafter developed in connection with any product or service or promotional or informational campaign undertaken by the University or TNALBS in all markets as long as there is no intent to use the image, voice and/or likeness in a disparaging manner. University and TNALBS may exercise any of these rights itself or through any successors, transferees, licensees, distributors or other parties, commercial or non-profit.

Signature of Participant's parent or legal guardian **Date**

Printed name of Participant's parent or legal guardian

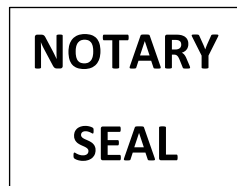
Signature of Participant if 18 years of age or over **Date**

Sworn to and subscribed before me this _____ **day of** _____, _____.

Commission Expires: _____

Signature of Parent or Guardian

Notary Public Signature



PHYSICIAN RELEASE

Tennessee American Legion Boys State

Note to Examiner: Please consider the ability of the applicant to be one of approximately 600 boys engaged in a 7 day active program. Also, please consider our desire to eliminate, insofar as possible, all communicable disease.

Name: _____

Physical examination must be completed no earlier than twelve (12) months prior to reporting.

Eyes _____ Ears _____

Nose _____ Throat _____

Heart _____ Lungs _____

Hernia _____ Kind _____ Degree _____

Skin _____

Has he any physical limitations? If yes, describe:

Known allergies _____

Medications taken daily _____

Recommendations (if any) _____

Signature of Health Care Provider

Date

Note: This form does not require a notary public signature/seal.