

Consent & Authorization for Medical Care & Image Use

Consent to Treatment of Adult or Minor (& Releases) for Westmont Trailhead Program

PLEASE COMPLETE A SEPARATE FORM FOR EACH PARTICIPANT. PRINT LEGIBLY.

Participant	Name (Last, First)	Birth Date
Medical Info <i>LEAVE BLANK WHERE NOT APPLICABLE.</i> <i>CHECK HERE <input type="checkbox"/> IF CONTINUED ON REVERSE.</i>	Known allergies (including food, medication, environmental, etc)	
	Current medications	
	Physical restrictions	
	Previous injuries	
	Other info: a) medical for emergency assistance providers; b) behavioral to help program staff provide a good experience	
Contacts <i>PROVIDE AT LEAST ONE PHONE NUMBER FOR EACH PERSON. INCLUDE AREA CODE.</i>	Parent or Legal Guardian (if Participant is a minor; otherwise leave this cell blank)	
	Phone/s for Participant, or Parent or Legal Guardian	
	Home	Work
	Cell	
	Email	
	Primary Physician	
	Phone/s	
	Office	Pager
	Cell	
	Primary Dentist	
Phone/s		
Office	Pager	
Cell		
Authorized Relative/Friend		
Phone/s		
Home	Work	
Cell		
Email		
Behavior Management	I understand that: a) behavior which disrupts the program or poses a threat to the safety of self or others will not be tolerated; b) if Participant is unable to self-regulate their behavior then, after the event sponsor (or its agent) has made a good faith effort to resolve the issue (and, if Participant is a minor, sought to consult with a parent or legal guardian), Participant may be removed from the remainder of the event; and c) in such case there will be no refund of fees.	
Authorization for Medical Care	If an injury or illness requires, in the opinion of the person in charge, medical or dental examination or treatment, I authorize and direct that person (or their agent) to: a) arrange transportation by car or ambulance to the closest hospital; b) call the Medical Professional/s named above; and c) attempt to reach one or more of the other listed contacts; and/or d) apply best judgment to dispense/administer indicated medication/s. If a named Medical Professional is unavailable, I authorize any emergency treatment deemed necessary by a medical professional licensed for the required service.	
Acceptance of Circumstances & Assumption of Risk	I understand that Westmont College assumes no financial responsibility or legal liability for medical care or ambulance transportation. I also verify that the Participant is in sufficient health to be able to participate in the event identified above. I recognize that all physical activity has some risk of injury or even death and, except for any negligence, on behalf of all interested parties I release Westmont from liability for such loss.	
Image Release	I authorize the use, in future program publications, of biographical, image, video or audio content recorded for or during event activities and which includes this Participant.	
Signature	Participant, or if minor, Parent or Legal Guardian	Date