

MITES

Conference & Competition

PERSONAL AND LIABILITY RELEASE FORM A

Name:			
Age:	Date of Birth:		
Parents/Guardians Name:		Parents/Guardains Name:	
Home Address:	Home Phone: ()-		
Work Address:	Work Phone: ()-		
Work Address:	Work Phone: ()-		
Name of Teacher/Chaperone:	REGION #		
Name of School:	School Address:		
	City:	State:	Zip:
School Phone:	School Fax:		

EMERGENCY INFORMATION

#1 Name of person to contact in event of emergency:	Phone #:
Contact Person Address:	
City:	State: Zip:
#2 Name of person to contact in event of emergency:	Phone #:
Contact Person Address:	
City:	State: Zip:
Family Physician:	Phone #:
Physician Address:	Fax #:
Name of Person Responsible for Medical Bills (Guarantor):	
Guarantor's Relationship to Participant:	
Guarantor's Employer:	Employer's Phone #:
Guarantor's Employer's Address:	
City:	State: Zip:
Insurance Company:	
Insurance Company's Address:	
City:	State: Zip:
Insurance Plan #	
Insurance Group #	
Insurance I.D. #	
Please answer the following questions accurately:	
1. Do you have any allergies?	Yes No
If yes please explain...	
2. Do you have a history of allergies, heart condition, diabetes, asthma, epilepsy, rheumatic fever or any other existing medical conditions?	Yes No
If yes please explain:	
3. Are you taking medication?	Yes No
If yes please explain:	
4. Do you have any restrictions?	Yes No
If yes please explain:	
5. When did you have your last tetanus shot?	

If you do not have medical insurance, sign here: Date:

I have read and completely understand the Personal Liability and Medical Release Form, the Code of Conduct, and Photography and Sound Release agreements, and by signing below, do hereby agree to abide by these in their entirety, accept the conditions of the agreements, and completely release M.I.T.E.S. (Michigan Industrial Technology Education Society)

Sign Here: Date:

This form must be completed, with a copy of both sides of insurance card and turned in to the M.I.T.E.S. coordinator or the participant will not participate in the contest.