Kids Day of Fishing, Inc. Authorization to Attend Event
Emergency Medical Treatment Authorization

Please type or print all information. ***This form is required for all participants attending events. This form must be completed by the parent, legal guardian, or person in loco parentis for the youth participant.***

Event Hosts: Kiwanis Clubs / Rotary Clubs / Lions Clubs / Service Organizations are included in this release form

Participant

Name _____
Last First MI

Mailing Address _____

_____

Sex : F M Height _____ Weight_____

Birth Date: Month_____ Day_____ Yr_____

Fishing / Water / Outdoor Activities

I hereby affirm that I have been well advised and thoroughly informed of the inherent hazards and policies of participating in a fishing / water activities. I know that I am participating in a potentially hazardous activity. I should not participate unless I am medically able. I herby personally assume all risks associated with my voluntary participation in this event for any harm , injury or damage that may befall me as a result of my participation, whether foreseen or unforeseen. I must recognize the importance of following the leader's instructions, and know that safety rules and procedures must be obeyed at all times. I know that participation is by choice, and have been advised of the dangers and risks of my participation.

Participant Signature_____

Parent/ Legal Guardian_____
(Required if under the age of 18)

Emergency Information

In case of emergency, please contact_____ Relationship_____

Daytime phone_____ Evening/Cell Phone_____

Alternate Contact_____ Relationship

Daytime phone_____ Evening/cell_____

Medical Information

Health Insurance Company_____ Policy Number_____

Group Name on Insurance Coverage_____

Telephone number or other contact information shown on insurance card_____

Will the participant be taking any prescription medication or over-the-counter drugs of any type?____

If Yes, please explain_____

Has he/she ever been or currently being treated for (circle Yes or No) ?

Nervousness?	Yes No	Rheumatic Fever?	Yes No	Asthma?	Yes No
Convulsion or epilepsy?	Yes No	Cancer or tumors?	Yes NO	Diabetes:	Yes No
Heart Condition?	Yes No	Headaches?	Yes No	Allergies to medication?	Yes No
High Blood Pressure?	Yes No	Fainting Spells?	Yes No		

List any allergies or other medical conditions of which we need to be aware_____
For routine first aid needs, list any O-T-C medications that the participant may NOT take_____

I understand photo's will be taken at this event by signing below I release the photo's to Kids Day of Fishing, Inc. For use on there web page www.kidsdayoffishing.org and use for promotion of future events with no liabilities or claims against them or there event host group.

I am the parent or legal guardian for the above named participant, and give my permission for him/her to attend the fishing / outdoor event sponsored by the Kids Day of Fishing, Inc.. Hosted by Kiwanis Club / Rotary Club / Service Organization I hereby certify that the information provided above is correct.

In the case of medical emergency, I understand that every effort will be made to contact the emergency contacts listed above. In the event those persons cannot be reached or time does not permit, I hereby give permission to a licensed physician or other licensed medical provider to provide proper treatment, including but not limited to hospitalization, injection, anesthesia and/or surgery, for the above named participant. On behalf of myself and my ward/minor, I/we hereby RELEASE, WAIVE AND FOREVER DISCHARGE Kids Day of Fishing, Inc. and its officers, directors, employees, parents and subsidiaries, agents, from any and all claims, liabilities, cause of actions, damages, demands, judgments, executions, liens and costs whatsoever, in law or equity, including, without limitation, liability for death or bodily injuries to any person or damage to any property resulting from any (i) claims made against medical providers of emergency services under this authorization, or (ii) against Kids Day of Fishing, Inc. for obtaining medical emergency services for said event participant pursuant to this authorization. Or photo's taken at this event.

Parent or Guardian_____ Signature_____ Date _____
(Required if under the age of 18)