

EASTERN FIELD REGIONAL BIBLE QUIZZING TRANSPORTATION to Q2018 Bible Quizzing Tournament

JUNE 23 TO JULY 2, 2018 - TRAVELING FROM SELINGROVE PA TO OLATHE KS AND RETURN

**PERSONAL CONSENT, LIABILITY WAIVER & MEDICAL RELEASE FORM**

I, \_\_\_\_\_ (printed name) am an adult of legal age and sound mind and will be traveling to and participating in Q2018 in Olathe, KS on June 25 to June 30, 2018, with travel dates from June 23 to July 2, 2018.

I am confident that every measure will be taken to protect the safety of all participants. I agree to release, forever discharge, and to forever hold harmless the Mid-Atlantic District, the directors thereof, and all sponsors, volunteers, bus drivers, and chaperones on the trip from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage or expenses of any nature whatsoever, which may be incurred by me or my family while I am traveling to, from, or participating in the Bible Quizzing Tournament.

Furthermore, I hereby assume all risk of personal injury, sickness, death, damage or expense to me or my family for any reason as a result of my participation in travel, observation or recreation activities involved therein. Authorization and permission is hereby given to Mid-Atlantic District to furnish any necessary transportation to, from or during the event, or to reach medical attention if needed.

I hereby grant permission to Bible Quizzing Travel staff to take me to a doctor or hospital and authorize medical treatment including, but not limited to, emergency surgery or x-rays if I am not able to otherwise communicate.

I will assume all responsibility for all medical bills, if any are incurred for my treatment.

**Adult Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Health Information:** Food/Medication Allergies: \_\_\_\_\_

Current Medications and Dosages: \_\_\_\_\_

Date of Last Tetanus: \_\_\_\_\_ Other Important Health Information: \_\_\_\_\_  
(use back or attach page with additional information if needed)

**Insurance Information:**

Primary Name: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_