

UthBuild Emergency Information and Release Form



Name: _____ DOB: _____
Cell: _____ Email: _____
Address: _____
Home Phone: _____
Parent/Guardian (P/G) Name(s): _____
P/G Email: _____ P/G Cell: _____
Family Physician: _____ Phone: _____
Insurance Company: _____
Policy/Card #: _____ Date of Last Tetanus Shot: _____
Allergies: _____
Special Problems/Concerns: _____
Current Medications: _____
Alternate Emergency Contact Name: _____ Phone: _____

Parent/Guardian Permission & Release of Liability and Consent/Authorization for Treatment of A Minor

I parent/guardian of the above listed minor child give my permission and consent for said child to participate and attend activities with UthBuild. I authorize my child to be transported to and from the activity in a vehicle driven by someone other than his or how own parent or legal guardian. I understand that reasonable safety precautions will be taken by the leaders of this activity but that the possibility of unforeseen risk does exist. I agree to assume and accept these inherent risks. In consideration of the opportunity given to my child to participate, I release and discharge Purpose 68, Inc., dba UthBuild, its directors, officers, agents, employees, staff and volunteers from and against any and all liability or claim of any kind whatsoever for any loss or injury to my child arising from or in any way connected to my child's participation in the activity.

Disciplinary Release: I agree to pay any disciplinary expenses, including the cost of my child being sent home, if discipline is deemed necessary by the activity leader. I also understand that I will not receive a refund of activity fees. Moreover, I understand that I will be notified prior to my child being sent home, and from the moment the child departs from the location of the event, whether in public or private transportation, he or she will be my responsibility and UthBuild shall have no further responsibility from such moment.

I, being the parent or legal guardian of the above listed minor child, am responsible for the health care decisions for my child and consent to any medical treatment that may be deemed necessary for my child including, but not limited to, x-ray, anesthetic, medical, surgical or dental diagnosis, treatment or hospital care. In non-emergency situations, I understand that an effort will be made to contact me at the above listed phone numbers prior to treatment. In emergency situations, or in the event I cannot be reached in non-emergency situations, I give permission to the activity leader to make decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my child. I release and discharge Purpose 68, Inc., dba UthBuild, its directors, officers, agents, employees, staff and volunteers from any and all liability or claim of any kind whatsoever for any injuries or losses to my child arising out of any medical care received by my child. Further, I understand that I will be held solely and fully liable for the expense of any treatment for my child and agree that my insurance plan is the primary plan to pay for the dental, medical or hospital care or treatment that is given to my child.

Yes **No** I hereby grant UthBuild permission to use photos, video or audio files of participants collected during activities and these images and files may be used in print, electronic, or other media for the purpose of promoting UthBuild.

Parent/Guardian Signature: _____ **Date:** _____