

Northwestern State University

Medical Release Form

I, the undersigned parent or guardian, do hereby grant permission for my daughter/son, _____, to attend and participate in the Northwestern State University Spirit Group Auditions.

I further acknowledge and understand that in participating in this clinic, that it is a possibility that my daughter/son may sustain physical illness or injury, in connection with his or her participation. I further acknowledge and understand that my daughter/son is assuming the risk of such physical illness or injury by his participation and I further release Northwestern State University, as well as its representatives, from any claims for personal injury that my daughter/son may sustain during the workshop.

I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my daughter/son for physical illness that she/he may sustain during the clinic.

PLEASE PRINT

Participant's Full Name _____
School Name _____
Insurance Company _____ Policy _____
Name of Parent or Guardian (self if sponsor) _____
Address _____
City _____ State _____ Zip _____
Phone () _____ Emergency Phone () _____

List any medication that the participant is currently taking:

List any medication to which the participant is allergic:

List any known medical conditions (diabetes, epilepsy, etc.):

Signature of Participant _____ Date _____

Signature of Parent/Guardian _____ Date _____

This form may be copied.