

# Medical release information

In consideration of the educational opportunity provided, the below student or adult, I/we the parent(s), legal guardian(s), or spouse of the below named person, or myself, do hereby hold harmless, release and forever discharge Jostens, Inc., the Named Jostens Creative Accounts Manager, Tina Cleavelin, and the University of San Diego at which the workshop described herein will be held, and their officers, agents and employees from any and all claims, demands, liability, actions, causes of action attorney fees and expenses on account of damages to personal property or personal injury which may result from causes beyond the control of, and/or without the fault or negligence of Jostens, Inc. the named sales representative and employees, during the workshop.

I/we also give permission that medical attention be administered to the below named or myself in case of emergency. I/we understand that any medical assistance of a more serious nature will be brought to our/my attention as conditions permit. I understand that the emergency contact will be notified as soon as such communication can be made.

In case emergency treatment is required, my/our health insurance plan number and carrier are:

## medical information

participant's name>> \_\_\_\_\_ school name>> \_\_\_\_\_

insurance carrier>> \_\_\_\_\_ <<policy number \_\_\_\_\_

parent/guardian or adult participant's signature>> \_\_\_\_\_ <<date \_\_\_\_\_

## emergency contact

name>> \_\_\_\_\_ <<phone # \_\_\_\_\_

alternate contact>> \_\_\_\_\_ <<phone # \_\_\_\_\_

**A medical release form must accompany each adult and student participant. A code of conduct form and vehicle release form (if applicable) are required of each student participant. A reservation will not be accepted without full payment and a completed and signed medical release form (all participants), code of conduct and vehicle release forms (student participants).**

**DUE JUNE 20, 2014.**

*Mail signed Medical Release Form, Code of Conduct, Vehicle Release (if applicable) and payment to:  
Tina Cleavelin, Director  
4802 E. Ray Road, Suite 23-232  
Phoenix, AZ 85044-6417*