

Circle one – Daughter Adult

Bethel No. _____

Job's Daughters Participant Form

Bethel Guardian: *It is your responsibility to see that each Form is completed and signed by the parents or legal guardians before leaving for any event. Participants without signed health forms may not remain at the event. You, as Guardian, must keep a copy on file and make sure there is a copy with the chaperone in charge.*

**Participants/Parents/
Legal Guardians:** Please read carefully and PRINT all information neatly.
Participants refers to Job's Daughters Members, Prospects, and adults participants.

NOTE: **This form is effective effect until revoked by parent or guardian.**

Name: _____ Birth date: _____

Home Address: _____ Home Phone () _____

City/State/Zip _____

Parent/Legal Guardian Name: _____

Emergency Contact Information: Home Phone Number () _____

Cell Phone: () _____ Work Phone: () _____

Dr. Name _____ Office Phone () _____

Participant/Parent/Legal Guardian Health Insurance Policy Number _____

Name of Insurance Provider _____

I, the undersigned, Parent, Legal Guardian of _____ or Adult Participant, do hereby authorize the Grand Guardian Council and/or chaperones of Job's Daughters Bethel # _____ to exercise supervision of my daughter/me during the time that she/I is/am participating in any Job's Daughters Event. I hereby release said Grand Guardian Council/Bethel # _____ and/or its chaperones from any liability caused by our daughter's/my participation in the event.

Further, I authorize the Grand Guardian Council/Bethel and/or chaperones to obtain for my daughter/me whatever emergency medical aid might be necessary as a result of injuries received during said activity, and I agree to pay all cost of same. I further agree to reimburse said chaperone for any monies advanced by them for such purposes, and to further indemnify and save said chaperones harmless from any and all claims for medical bills or medical expense arising from any such medical aid so rendered to or for said daughter/me.

_____ _____

Signature of Adult/Parent or Legal Guardian **Date**

This signed statement is essential in the case of an emergency. We make every effort to reach you, but do need to obtain emergency treatment at the hospital if necessary, without any delay. Please be complete, this form is used by hospital personnel in the case of an emergency.

Name _____ **Bethel No.** _____

1. Are the Participant's Immunizations up to date? _____

2. List any drug allergies _____

What type of reaction is expected? _____

3. List any other allergies _____

4. Does the Participant wear Contact Lenses? Yes No

5. Does the Participant have a history of heart trouble? Yes No If Yes please describe: _____

6. If the Participant has any chronic medical conditions, please list. (Ex: Diabetes, Asthma, Migraines, ADHD, etc.)

7. List all medications and dosages that the Participant will be taking. (Including inhalers, etc.)

(Please note all Participants are responsible for managing their medication or with the help of their chaperone.)

8. List any/all limitations to physical activity: _____

9. Does the Participant have a history of sports injuries? Yes No If Yes please list: _____

Signature of Parent or Legal Guardian or Adult Participant

Date

Job's Daughters International - Michigan Media Release Form

I grant permission to Job's Daughters International and its subordinates, to use my name and/or photographs for use in Job's Daughters International publications such as recruiting brochures, newsletters, and magazines, and to use my name/and or photographs on display boards, and to use my name and/or photographs in electronic versions of the same publications or on the Job's Daughters International web site or other electronic forms or media.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

I hereby agree to release, defend, and hold harmless Jobs Daughters International and subordinates, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

Please check the paragraph below which is applicable to your present situation:

_____ I am 20 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

_____ I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Date: _____ Bethel No. _____ Location _____
(City/State/Province)

Name (please print): _____

Address: _____

(Street) (City) (State/Province) (Zip/Postal Code)

Signature: _____

Signature of parent or legal guardian
(if under 20 years of age): _____