



2018-2019

Mississippi Technology Student Association Personal Liability / Medical Release / Photograph Release

All children, students, and adults who attend any Mississippi TSA Leadership Conference require this form. No conference attendee is allowed to participate unless Mississippi TSA receives this form. Parents and chapter advisor:

Please make a copy of this completed form for your records.

Student: _____ Student cell: _____ Student date of birth: _____

Parent/Guardian: _____

Home address _____ City/State/Zip _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Advisor: _____ School: _____ School phone: _____

School address _____ City/State/Zip: _____

MEDICAL and INSURANCE INFORMATION (students only)

Physician's Name: _____ Work #: _____ Home #: _____

Relative's Name: _____ Work#: _____ Home#: _____

Allergies (drug or otherwise)

Current medication: _____

Describe any history of heart condition, diabetes, asthma, epilepsy, or rheumatic fever, etc. AND/OR Physical Restrictions (swimming, running, etc.):

Insurance Information

Medical Insurance Co.: _____ Identification/Policy #: _____

Subscriber's Name: _____ Phone #: _____

Subscriber's place of employment: _____

PLEASE INITIAL EACH STATEMENT WITH WHICH YOU AGREE.

Initials _____ “I hereby agree to release the Mississippi Technology Student Association, its representatives, agents, servants and employees from liability for any injury to above named person at any time while attending the Mississippi TSA Activity, including travel to and from the conference, excepting only such injury or damage resulting from willful acts of such representatives, agents, servants, and employees.”

Initials _____ “I do voluntarily authorize the Mississippi Technology Student Association’s local chapter advisors, state advisor, assistants and/or designees to administer and/or obtain routine or emergency medical treatment for the above-named person as deemed necessary in medical judgment.”

Initials _____ “I agree to indemnify and hold harmless the Mississippi Technology Student Association and/or assistants and designees for any and all claims, demands, actions, rights of action, or judgments by or on behalf of the above named person arising from or on account of said procedures or treatment rendered in good faith and according to accepted medical standards.”

Initials _____ “I hereby authorize any physician member of the Department of Emergency Medicine of an accredited hospital or any member of the medical staff of an accredited hospital to render medical treatment, which in his/her judgment is deemed necessary in the care of the above named person (child or student) while attending the Mississippi TSA Activity, including time traveling to and from the conference.”

Initials _____ “I permit Mississippi TSA to use video footage and photographs of my child for publicity that might include but is not limited to: website, PowerPoint presentations, promotional videos, flyers or news publications.”

Signature of parent or guardian (if child or student)

Date

Participant's signature

Date

Advisor’s signature

Date

A COPY OF THIS FORM MUST BE KEPT BY THE STATE AND CHAPTER ADVISORS AT THE CONFERENCE AND GIVEN TO APPROPRIATE MEDICAL AUTHORITIES IN THE EVENT OF A MEDICAL EMERGENCY.