



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

All children, students, and adults who attend any Kansas TSA Fall Leadership Conference require this form. No conference attendee is allowed to participate unless Kansas 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(s) _____
Home address _____ City/State/Zip _____
Work Phone _____ Cell Phone _____ Home Phone _____
Advisor _____ School _____ School phone _____
School address _____ City/State/Zip _____

MEDICAL and INSURANCE INFORMATION (children and 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, 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 Kansas Technology Student Association, its representatives, agents, servants and employees from liability for any injury to above named person at any time while attending the Kansas 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 Kansas 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 Kansas 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 Kansas TSA Activity, including time traveling to and from the conference."

Initials _____ "I permit Kansas 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.