



## MEDICAL RELEASE/ PERMISSION FORM

Participant Name: \_\_\_\_\_

Participant's Birthdate: \_\_\_\_\_

School Name: \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_

I, the undersigned parent or legal guardian, do hereby grant permission for my son/daughter to participate with the KDCO.

I further acknowledge and understand and agree that by participating with in the KDCO State competition there is a possibility of physical illness or injury (minimal, serious, and catastrophic) and that my son/daughter is assuming the risk of such injury by participating.

I authorize any representative of the KDCO to consent and authorize any medical attention, treatment, surgery or administration of drugs by qualified and licensed medical personnel for my son/daughter which may become necessary.

I understand I will be notified as soon as possible in the event of emergency. All expenses of such treatment will be assumed by me or my insurance company.

I agree to protect, defend, indemnify and hold harmless KDCO from and against any and all claims, demand, losses, suits, liabilities, costs, or other damages including court costs and attorneys fees, arising from any injury to, or death of son/daughter, the undersigned, or any other persons or damage to or destruction of property arising our of or in connection with any damage to third parties occasioned by, incident to, arising out of, or in connection with my son/daughter's participation.

I understand KDCO produces promotional material about their events. I understand that my son/daughter may be included in video tape or photography taken during this event. I hereby grant KDCO its successors, assignees, licensees, and sponsors the exclusive right to photography and/or video tape my son/daughter and further to utilize my son/daughter's name, face, likeness, voice and appearance as part of the event, and in advertising and promotion of the event, without reservation or limitation. In granting this license, I understand that KDCO is under no obligation to exercise any of its rights, licenses and privileges herein granted.

**I have completely read and understand the above release and rules/regulations.**

**Signature of Participant:** \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Other Phone #:** \_\_\_\_\_

**Medical Insurance Company/Policy #:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_