



AMERICAN LEGION



Nevada Boys' State

**The American Legion Department of Nevada
Nevada Boys' State Publicity and Medical Release**

Please print all responses:

Delegate's name: _____

Emergency Contact & Phone Number 1: _____

Emergency Contact & Phone Number 2: _____

MEDICAL HISTORY

Family Doctor's Name: _____ Phone _____

Please list all medications and dosage frequencies for the delegate:

Please list any allergies the delegate has:

Is there any known physical or mental condition(s) that would require specific accommodations? If, so how should it be addressed?

PRIMARY INSURANCE *(Insurance is not a requirement for attendance at Nevada Boys' State.)*

Insurance Company Name: _____ Name of Insured: _____

Policy Number: _____ Group Number: _____

PUBLICITY RELEASE: By signing below I consent to my son's picture, sound or video recording or other likeness being used on the American Legion Nevada Boys' State website, any media now known or devised in the future without any compensation other than the training my son receives as a delegate at American Legion Nevada Boys' State. If I wish to have my son excluded from photos and other publicity, including release of delegate's names, offices, schools and home towns to media outlets, I must submit a letter stating my wishes along with a photo at least 3 x 5 inches that clearly identifies my son. Such correspondence must reach the director of Nevada Boys' State no later than the time my son arrives at the program on the campus of the University of Nevada, Reno.

LIABILITY AND MEDICALE REALEASE: In consideration for being granted opportunity to participate in Nevada Boys' State, I, for my child, myself, my executors, administrators, heirs and assigns, agree forever to RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Nevada Boys State, officers, employees, agents, contractors, or volunteers (collectively referred to as "Released Parties"), for any and all personal injuries, death, loss of or damage to property, or any other damages whatsoever, from whatever cause, supervised or unsupervised, including but not limited to negligence, resulting from my son's participation in the above activities of Nevada Boys State (the "Program"), including any transportation to and from the program and any such activities.

I fully understand that this activity may be physically demanding and I am aware that it may involve hazardous activities and risk of serious personal injury or death. Injuries could include but are not limited to cuts, abrasions, sprains, strains, weather hazards, burns, extreme temperatures, equipment failure, and impact against objects. I, on behalf of myself or my child, am participating voluntarily in these activities with the knowledge and appreciation of the dangers involved and I, on behalf of myself or my child, voluntarily agree to accept and assume all risks of personal injury, death or any other damages or losses to my person or property. In the event that any claim arising out of or related to personal injury, death or damage to me shall be filed against any Released Parties, I shall indemnify and hold harmless Released Parties from and against any and all such claims, including attorney's fees, incurred in defense of such claims.

I understand that the Released Parties do not have medical personnel available at the Program. In the event of illness or injury arising out of my or my child's participation in the above activity, I give my consent and authorization for (1) the administration of emergency first aid care and treatment at the scene of an emergency by employees of the Program, or (2) the administration of any treatment deemed necessary by a licensed physician or dentist, and (3) the transfer to any hospital reasonably accessible. This authorization is not intended to cover major surgery unless the medical opinion of a licensed physician or dentist, is that emergency surgery is necessary and there is not sufficient time to obtain my approval.

I represent that I or my child have no allergy, physical impairment, or any other disability and that I am, or my child is, not taking medication, which allergy, impairment, disability or medication would preclude me or my child from participating in this activity. I understand and agree that in the event first aid or medical care should become necessary, I am fully responsible for any and all costs associated with the transportation to and provision of such care.

I authorize the Nevada Boys' State Director and/or adult members of the staff in whose care my minor has been entrusted, to consent to any medical or surgical diagnostic or treatment, and hospital care, to be rendered to the minor under the general or special supervision, and on the advice of any physician or surgeon licensed to practice in the State of Nevada.

I UNDERSTAND AND AGREE THAT MY OR MY CHILD'S PARTICIPATION IN THE ACTIVITY IS VOLUNTARY. I FURTHER UNDERSTAND AND AGREE THAT PARTICIPATION IN THE ACTIVITY IS AT MY OR MY CHILD'S OWN RISK AND THAT THE PROGRAM IS NOT RESPONSIBLE FOR ANY INCIDENTS, INJURIES OR LOSS OF PROPERTY THAT MAY OCCUR.

I HAVE CAREFULLY READ THIS ENTIRE RELEASE, WAIVER OF LIABILITY, EMERGENCY MEDICAL AUTHORIZATION, AND CONSENT FORM AND I FULLY UNDERSTAND ITS CONTENTS. I HAVE SIGNED THIS FORM OF MY OWN FREE WILL AND I AGREE TO BE LEGALLY BOUND BY IT.

In consideration of my child being permitted by Nevada Boys State to use its facilities and/or participate in any activity offered by the Program, I, for my child, myself and our respective executors, heirs, assigns and administrators agree to the entirety of the release above. I represent and certify that my true age is at least 18 years old and that I have authority to execute this document on behalf of my child/guardian.

Parent or Legal Guardian's Name: _____

Parent or Legal Guardian Address: _____

Parent or Legal Guardian's Signature: _____ Date: _____

E-Mail or Fax Form and copy of Insurance Card to:

info@nevadaboysstate.org
Please include as attachment

888-646-6594
Please no cover sheet