



Overnight Event Registrant Medical Information and Consent Form

Registrant's Full Name _____ Gender M F DOB: ___/___/___

Parent/Guardian _____

Phone Number (home) _____ (mobile) _____

Emergency Contact _____ (relationship) _____

Emergency Contact (phone) _____

Primary Physician (name) _____ (phone) _____

Health Insurance Company _____ (policy number) _____

Name of Policy Holder _____

Medication

Please list any medications currently being taken: _____

Purpose of Medication: _____

Other comments _____

Consent Form

Medical Release: In case of medical emergency and my emergency contact cannot be reached, I hereby give permission to a museum representative and the physician he/she selects, to secure proper treatment, including: hospitalization, ordering injections, giving anesthesia, x-rays, routine tests, treatment, transportation, or performing operations as may be urgently necessary. In addition, I authorize the release of reports necessary for insurance purposes to obtain the care needed in case of medical emergency. This form may be copied for emergency purposes. I understand that every effort will be made to reach the emergency contact. I further understand that if I do not have medical insurance that covers all costs, I will be responsible for such medical costs.

Liability Release: The participation in activities at the Lone Star Flight Museum carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Activities at the overnight event require a low level of physical fitness, I warrant that the registrant is physically capable to participate at such level. I also agree to INDEMNIFY AND HOLD HARMLESS Lone Star Flight Museum, its partners, officers, employees, and agents, from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, as a result of attendance and involvement in any activities at the Lone Star Flight Museum.

Publicity Release: I give the Lone Star Flight Museum permission for obtaining audio, video, and photography of this registrant for the purposes of Lone Star Flight Museum promotions, without compensation or approval rights (i.e. brochure mailings, highlight promotional videos, and photos for our website)

Releaser Signature (Adult Registrant/Child's Parent or Guardian): _____ Date: _____