



**UNITARIAN UNIVERSALIST ASSOCIATION  
CONSENT AND RELEASE FORM (Aged 18 and over)**

**PERSONAL INFORMATION:**

Full Name

Spouse/Partner name (if applicable)

Home Address

City/State/Zip

Best Phone

Alternate Phone

Cell Phone

Email Address

**IN CASE OF EMERGENCY, PLEASE CONTACT:**

Name

Relationship

Phone Number

**HEALTH CARE INFORMATION:**

Doctor Name

Phone

**Authorization for Medical Treatment:**

I hereby give permission to UUA staff to provide basic first aid treatment and care to me within the scope of their training. In the event that I am unable to give consent and my emergency contact cannot be reached, I give permission to the physician selected by the UUA to secure and administer treatment to me, including but not limited to hospitalization, anesthesia, emergency surgical care and prescriptive drugs.

**Reporting:**

Adults are expected to identify and report suspicion of use or possession of illegal substances, harassment, abuse, and sexual or other misconduct, and will not engage in such behaviors themselves. In addition to their reporting obligations to the UUA, certain UUA employees are mandated reporters of suspected abuse or neglect of students as specified by applicable state law.

**INSURANCE INFORMATION:**

Do you carry family medical/hospital insurance?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Name of person with insurance policy:

Health Insurance Company:

Policy #

Group #

Medications I am currently taking:

**PLEASE DISCLOSE ANY MEDICAL OR HEALTH PROBLEMS:**



## UNITARIAN UNIVERSALIST ASSOCIATION CONSENT AND RELEASE FORM (Aged 18 and over)

### Waiver/Release Agreement:

I, the undersigned, in consideration of the services of the UUA, its officers, employees, agents and volunteers (herein after collectively referred to as the "UUA"), agree to release, indemnify, and discharge the UUA, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that participation in the:

EVENT NAME: 2019 Thrive Young Adult

EVENT LOCATION: New Orleans, LA

EVENT DATES: August 30 – September 2, 2019

...(herein after, "THE EVENT") entails known and unknown risks that could result in physical or emotional injury, death, or damage to me, to property, or to third parties.

2. My participation in THE EVENT is voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, discharge, and agree to indemnify and hold harmless the UUA from any and all claims, demands, or causes of action that are in any way connected with my participation in THE EVENT.

4. I certify that I have adequate insurance to cover any injury or damages that I may cause or suffer while participating in THE EVENT, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

5. I realize that any photos taken during THE EVENT become property of the UUA and may be used in UUA materials. I realize there will be no compensation for the use of these photos. (If you want to allow your photo to be used in UUA materials – meaning that you will appear in group photos and will allow photos to be taken of you – then initial here: \_\_\_\_\_)

**NOTE: If you do not Initial here it means the participant will NOT be allowed to be in any group photos and will be pulled out of any photo opportunities. Please leave this space blank ONLY if you will NOT allow any photos to be taken of the participant.**

Name (printed): \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_