



**GENERAL and MEDICAL RELEASES
CONFIDENTIAL MEDICAL INFORMATION**

Participant — Last Name _____ First Name _____

Participant's email address _____ Birth Date _____

M / F Driver's License or ID No. _____ State of Issue _____

Guardian or Parent if Participant is under 18 _____

Mailing Address _____

Medical Insurance Company _____ Telephone _____

Primary Insured Person _____ Policy No. _____

Telephone Numbers	Participant	cell	
		land line	
	Parent or Guardian 1 Name: _____	cell	
		land line	
	Parent or Guardian 2 Name: _____	cell	
		land line	

Other Emergency Contact Person _____ Telephone _____

List and Foods, Drugs, or other things to which Participant has a known Allergy _____

Medicines Currently Taken _____
(use reverse side if necessary)

Special Needs Diet _____

Physician Name(s) and Contact Number(s) _____
(use reverse side if necessary)

Year of most recent Tetanus shot _____

Conditions that could affect Participation _____

GENERAL and MEDICAL RELEASE

I, the Participant named above (or the parent or guardian of the Participant if the Participant is under 18), hereby:

(A) release and discharge Leadership Table, Inc. and its officers and directors (and their successors), volunteers, sponsors, monitors, patrons, agents, representatives, or drivers of vehicles (collectively, the "Releasees") from any and all claims, demands, and causes of action arising as a result of any damage, illness, theft, personal injury (whether physical or psychological), disability, property damage, or death which Participant may sustain in connection with participation in the *Inspire!* event. This Release will not be affected by any claim that any of the Releasees have been negligent. I specifically acknowledge that Participant will be spending two nights in a camping area with other persons between the ages of 16 and 26. I hereby assume all risks of participating in activities which are made a part of the *Inspire!* event. I certify that the Participant is physically and emotionally fit and that Participant has not been coerced to participate. I promise not to sue any of the Releasees under any circumstances, whether for their negligence, fault, or the acts or omissions of any other participant; and

(B) consent to the rendering of emergency first aid and other medical procedures which at the time of injury, accident, or illness seem reasonably necessary or appropriate. Leadership Table, Inc. may arrange for transportation of the Participant to a medical doctor, nurse, or hospital, or to choose a person to administer first aid, or a combination of all of these options. I hereby consent that the Participant may receive emergency medical care from such medical treatment facility and its medical staff as is selected by Leadership Table, Inc. and as directed by a licensed physician (including, but not limited to, prescription or administration of medications, hospitalization, anesthesia, injections, and surgery). I hereby accept financial responsibility for all medical expenses incurred, even if such medical care is authorized by a representative of Leadership Table, Inc.

I have read and I understand the provisions of this GENERAL and MEDICAL RELEASE.	
	_____ PARTICIPANT signature
DATE SIGNED: _____ / _____ / 20 _____	
By signing this General and Medical Release, I certify that I have legal authority over and custody of the Participant named above.	
	_____ PARENT OR GUARDIAN signature if Participant is under the age of 18
DATE SIGNED: _____ / _____ / 20 _____	
ACKNOWLEDGED: _____ Authorized officer Leadership Table, Inc.	