

## Authorization to attend event and emergency medical treatment

### Please attach to this form a photocopy of the Key Club member's health insurance card (front and back).

**Please type or print all information.** This form is required for all Key Club members attending designated Key Club International events or activities. The parent, legal guardian or person in loco parentis for the member must complete this form.

#### Member information

\_\_\_\_\_  
 First M.I. Last  
 \_\_\_\_\_  
 Street address  
 \_\_\_\_\_  
 City State/Province  
 \_\_\_\_\_  
 ZIP/postal code Nation  
 Sex (circle one) F M Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Birthdate Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

#### Chaperone

Who is the designated chaperone responsible for this Key Club member?

#### Relationship to member

**Note:** An adult chaperone for Key Club shall be a Kiwanis member, faculty member, parent, legal guardian or person who is in loco parentis, over the age of 21, approved by the school and registered with and accompanying the Key Club member at the event or activity.

All non-Key Club members over the age of 18 attending the Key Club International convention must have a background check conducted by Kiwanis International.

#### Emergency information

In case of emergency, please contact \_\_\_\_\_ Relationship to member \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_  
 Alternate contact \_\_\_\_\_ Relationship to member \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_

#### Medical information

Health insurance company \_\_\_\_\_ Policy number \_\_\_\_\_  
 Group name on insurance coverage \_\_\_\_\_  
 Telephone number or other contact information shown on insurance card (\_\_\_\_\_) \_\_\_\_\_  
 Will your Key Club member be taking any prescription medication or over-the-counter drugs of any type? Yes No  
 If yes, please explain \_\_\_\_\_  
 Has he/she ever been or is currently being treated for (circle yes or no)?

Nervousness	Yes	No	Rheumatic fever	Yes	No	Asthma	Yes	No
Convulsion or epilepsy	Yes	No	Cancer or tumors	Yes	No	Diabetes	Yes	No
Heart condition	Yes	No	Headaches	Yes	No	Allergies to medication	Yes	No
High blood pressure	Yes	No	Fainting spells	Yes	No			

List any allergies or other medical conditions of which we need to be aware \_\_\_\_\_

I am the parent or legal guardian of the above-named Key Club member, and give my permission for him/her to attend the convention, conference and/or other event(s) sponsored by Key Club International. I also have read and understand the Code of Conduct shown on the reverse side, and I understand that a violation of certain provisions of these rules may result in the dismissal of my Key Club member from the event. I hereby certify that the information provided above is correct.

In the case of medical emergency, I understand that every effort will be made to contact the emergency contacts listed above. In the event those persons cannot be reached or time does not permit, I hereby give permission to a licensed physician or other licensed medical provider, to provide proper treatment, including but not limited to hospitalization, injection, anesthesia and/or surgery, for the above-named Key Club member. On behalf of myself and my ward/minor, I/we hereby **RELEASE, WAIVE AND FOREVER DISCHARGE** Key Club International and its officers, directors, employees, parents and subsidiaries and agents, from any and all claims, liabilities, causes of action, damages, demands, judgments, executions, liens and costs whatsoever, in law or equity, including, without limitation, liability for death or bodily injuries to any person or damage to any property resulting from any (i) claims made against medical providers of emergency services under this authorization, or (ii) against Key Club International for obtaining medical emergency services for said Key Club member pursuant to this authorization.

Parent or guardian \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**New England and Bermuda District of Key Club International**  
**MEDIA CONSENT AND RELEASE** For voice, video, and photography

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Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parent/Guardian (if Participant is under the age of 21): \_\_\_\_\_

Key Club: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Division: \_\_\_\_\_

In return for being permitted to participate in events sponsored by or connected to Kiwanis/Key Club International, Inc. ("K-Family"), I agree to allow K-Family to use the following for any purpose whatsoever, and in any media throughout the world, including, but not limited to, publication in newspapers, magazines and other print and electronic media (including K-Family affiliated websites):

\_\_\_ my first name \_\_\_ my last name \_\_\_ my voice \_\_\_ my photograph and/or film footage that includes me

The information marked above shall be collectively referred to herein as "My Information." I release, discharge and hold harmless Kiwanis and its respective affiliates, directors, officers, licensees, sub-licensees, and agents from and against any and all claims and liabilities based on or arising out of the use, reproduction, transmission, display, publication, print or dissemination of My Information as authorized by this Consent and Release, including, but not limited to, any and all claims of copyright infringement, libel, defamation, invasion of the right of privacy or infringement of the right of publicity.

I waive any right to inspect or approve any publication or medium in which My Information may be used pursuant to this Consent and Release.

I represent and warrant that I am the owner and creator of the Works/Event, and that the Works do not and will not, in whole or in part, infringe upon the intellectual property rights of any third party or misappropriate the trade secret or violate the privacy or publicity rights of any third party.

This Consent and Release is effective from the date set forth below in perpetuity and shall be binding upon my heirs, successors, assigns and legal representatives, and shall inure to the benefit of the legal representatives, licensees, successors and assigns of Kiwanis/K-Family.

I warrant I am over the age of twenty-one (21), that I have read this Consent and Release, and that I understand and agree with its terms.

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

Printed Name \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**CONSENT OF PARENT OR LEGAL GUARDIAN**

I am the parent and/or guardian of the above-named Participant, who is aged \_\_\_\_\_. I have the legal right to consent to and do consent and agree to the terms and provisions of this Consent and Release.

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

Printed Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_