



2011 Washington Business Week Summer Programs Volunteer Medical Information Form and Photo Release

SECTION I. ATTENDANCE

I will be attending a Business Week Program at: WESTERN GONZAGA CENTRAL PACIFIC LUTHERAN

SECTION II. GENERAL INFORMATION **New/Corrected Address**

1. First Name _____ M.I. _____ Last Name _____
2. Date of Birth _____ Employer _____
4. Mailing Address _____
City/State/Zip Code _____ Work Email _____
Home Phone (____) _____ Cell (____) _____ Summer Email _____
5. Spouse's Name _____
Work Phone (____) _____ Cell (____) _____

SECTION III. MEDICAL INFORMATION

1. Are you taking any prescription medications? YES NO
If so, what meds and use? _____
2. Do you have any allergic reaction to any of the following: Insects Food Penicillin Plants
 Other (please specify) _____
3. Do you have any specific health problems or special needs that would affect your ability to participate in an active program?
 YES (please specify) NO
Do you need any special accommodations to actively participate in the program? YES (please specify) NO

4. Do you have a history of: Convulsions or Epilepsy Diabetes Asthma Heart Trouble
 Other _____
5. Are you currently limited in physical activity? YES NO
If yes, please specify: _____
6. Physician's name and phone number _____
7. Are you covered by medical insurance? _____ (If not, please contact the Business Week office for an [insurance waiver](#).)
Specific Company _____
Name of Policy Holder _____ Group Number _____
Policy/member Number _____

(Continued on Reverse)

SECTION IV. AGREEMENT AND CONSENT FOR TREATMENT AND WAIVER OF LIABILITY

Should the participant named herein require medical treatment or hospitalization for any accident or illness during Washington Business Week, the attending physician and/or hospital is authorized to release such diagnostic and treatment information as may be needed to complete any insurance claim. It is agreed that any and all medical expenses incurred by the participant for accidents or illnesses occurring during Washington Business Week are NOT the responsibility of Washington Business Week or the host university.

_____ (Initials)

I do hereby agree to release and hold harmless the Foundation for Private Enterprise Education d.b.a. Washington Business Week, its officers, directors, employees and agents from and against any and all actions, claims, costs, losses, expenses and/or damages, including attorney's fees, arising out of or resulting from my attendance at a Washington Business Week program, except due to the sole gross negligence or willful misconduct of the Foundation for Private Enterprise Education d.b.a. Washington Business Week.

_____ (Initials)

SECTION V. PHOTO RELEASE

The undersigned hereby releases any photos, video or likenesses of the participant named in this form taken by Washington Business Week (BUSINESS WEEK), to be used for promotional and publication materials. Washington Business Week does not attach names to photos without permission.

By signing below, I am indicating that I have read all the provisions of this form, understand them, and agree to them.

Name: _____
(Print or Type) (Signature)

Please give the name and phone number of **two** people who we should call in case of an emergency during your time at Washington Business Week.

Name: _____ Name: _____
Relationship: _____ Relationship: _____
Phone: _____ Phone: _____

Please complete and mail, email, or fax this form to:

**Washington Business Week
33305 1st Way South, Suite B212
Federal Way, WA 98003**

**Fax: (253) 815-6985
Email: registrar@wbw.org**

NOTE: We **cannot** admit any participant to Washington Business Week without this completed form with the correct information. Our insurance carrier and our program require we have this information. We must ensure proper medical treatment can be made available to all participants in case of emergencies. **Thank you.**

IMPORTANT! Please return this form at registration

Washington Business Week, including Business Week, Healthcare Week, Energy Week, Get AMPT! Manufacturing Week and Advanced Business Week, are programs of the Foundation for Private Enterprise Education, a 501(c)(3) organization.