

Thunder Drum and Bugle Corps
P.O. Box 13342
Spokane Valley, WA 99213
509-869-6105 spokanethunder.org
2010 TOUR REGISTRATION FORM
Informed Consent and Medical Authorization Form

Please print the following information

Member's Full Name _____ **Birthdate:** _____

Email: _____

Address: _____ **City, State** _____ **Zip** _____

Phone: _____

School: _____ **Grade:** _____

Parent/Guardian #1 Name _____ **Phone:** _____

Email: _____

Address: _____ **City State:** _____ **Zip** _____

Place of Employment _____ **Wk. Phone:** _____

Parent/Guardian #2 Name _____ **Phone:** _____

Address: _____ **City State:** _____ **Zip** _____

Place of Employment _____ **Wk. Phone:** _____

Consent to Participate, Release, Waiver of Liability and Indemnity Agreement

In consideration of your acceptance of the undersigned member in the Thunder Drum and Bugle Corps program we, the undersigned, with the intent to be legally bound, do for ourselves, our heirs, executors, administrators and all others claiming by or through us, or as a result of any claim related to the member's participation in the Corps' activities or programs, do hereby state that we consent to the participant's participation in the activities. We are aware of all risks, hazards, and uncertainties connected with participation in the programs and activities of the Corps.

We hereby waive, release, and discharge the Corps and all of its officers, directors, officials, instructors, employees, volunteers, and any other individuals acting for or on behalf of the Corps, from any and all claims while participating in, traveling to or from, or competing in any of the activities or functions of the Corps or those it attends. It is our specific intent to release, acquit, and forever discharge the Corps, all of its officers, directors, officials, instructors, employees, volunteers, and any other individuals acting for or on behalf of the corps from all claims, demands, actions, causes of action and from all liability for injury, damage or loss of whatsoever kind, nature or description that may arise or be sustained by the participant which is due or in any way connected with the participant's participation in the Corps or any of its functions or activities. It is further our specific intent that this release apply to any injury, damage, or claim arising from any act or omission of the Corps or any of the individuals released hereby including any injury, damage, or claim arising from any negligent act or negligent omission of such organization or individuals.

The participant and the undersigned hereby assume full responsibility for all risk of bodily injury, death, or property damage due to the negligence or other conduct of those parties released hereby or otherwise, as a result of any activities connected in any way with the Corps. The undersigned, on behalf of the member, and for themselves and all of their heirs, executors and administrators and all others do hereby further agree not to sue the Corps or any of the individuals released hereby in the event of any injury or damage of any kind or description whatsoever. This includes any claim, demand, or suit by the minor participant either before he or she reaches the age of majority or thereafter. The undersigned further agree to indemnify and hold the Corps, and all of those individuals released hereby, completely and absolutely harmless from all expenses, demands, claims, fees and costs of whatever description or nature which may arise as the result of any such claims being instituted any time. This is to include all costs, fees, and expenses involved in defending or investigating any and all claims, demands, or causes of action whatsoever that may hereafter be asserted or brought by the participant or anyone on his or her behalf for the purpose of enforcing any claim for damages sustained during participation in any of the activities of the Corps.

Emergency Medical Authorization

We, the undersigned, do hereby consent and authorize any duly authorized doctor, emergency medical technician, hospital or other medical facility to treat or attempt to treat the participant for any injuries received by said participant while he or she participates in any activity of the Thunder Drum and Bugle Corps. We further authorize any licensed physician to perform any procedure which he or she deems advisable in attempting to relieve or treat any injuries or any related unhealthy condition in said participant that might be encountered during any necessary procedure or operation. We further consent to the administration of any anesthesia as deemed advisable by any licensed physician, and do hereby further authorize any x-ray examination, medical or surgical diagnosis or treatment, and hospital care to be rendered to the participant in our absence under the general or special supervision and on the advice of a licensed physician, surgeon, anesthesiologist, dentist or other qualified personnel acting under their supervision.

We, the undersigned, realize and appreciate that there is a possibility of complication and unforeseen consequences in any medical treatment, and we assume any such risk on behalf of ourselves and the participant as stated herein. We acknowledge that there has been no warranty made as to the results of any such treatment or diagnostic procedure.

Each of the undersigned expressly acknowledge and agree that they have read and understood the terms of this form including the CONSENT TO PARTICIPATE, RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT coupled with the EMERGENCY MEDICAL AUTHORIZATION and further state that no oral representations, statements, or inducements apart from the foregoing written provisions have been made.

WE HAVE READ, UNDERSTOOD, AND VOLUNTARILY SIGNED THIS RELEASE

_____ Date _____
Parent/Guardian

_____ Date _____
Parent/Guardian

_____ Date _____
Member (Participant)

Insurance/Physician Information

Person Carrying Insurance _____

Insurance Provider: _____ Group # _____

Special Instructions on Insurance: _____

Doctor's Name _____ Office phone # _____

Emergency Contact Information

Name: _____ Phone: _____

Address _____ City/State _____ Zip _____

Place of Employment _____

Work Phone _____ Cell Phone _____

- * This form is good for the 2010 drum corps season.
- * This form runs from the date signed through October 1, 2010.
- * Completion and signature of this form by the participant and his or her parents if the participant is under age 18 is required for participation in any activities connected with the Thunder Drum and Bugle Corps. Failure to return this form may result in the member not being allowed to participate.

Please include copy of Insurance Card if possible.

Spokane Thunder Drum and Bugle Corps
Medical History Form

Member's Full Name: _____

Address: _____ City/State _____ Zip _____

Phone: _____ School/Grade _____

Birth date _____

PART A: Health History

To be completed by member and parent

YES

NO

1. Have you ever had an illness that:

- | | | |
|--|-------|-------|
| a. required you to stay in the hospital | _____ | _____ |
| b. lasted longer than a week | _____ | _____ |
| c. caused you to miss 3 or more days of practice or competition | _____ | _____ |
| d. is related to allergies (hay fever, hives, asthma, insect stings) | _____ | _____ |
| e. required an operation | _____ | _____ |
| f. is chronic (e.g. asthma, diabetes) | _____ | _____ |

If you have had surgery or been hospitalized in the past year? If yes, state when, for how long and for what reason.

2. Have you ever had an injury that:

- | | | |
|---|-------|-------|
| a. required you to go to an emergency room or see a doctor | _____ | _____ |
| b. required you to stay in the hospital | _____ | _____ |
| c. required x rays | _____ | _____ |
| d. caused you to miss 3 or more days of practice or competition | _____ | _____ |
| e. required an operation | _____ | _____ |

If you have missed more than 3-5 consecutive days of participation in usual activities because of any **injury** this past year, Please state the type of injury, amount of time missed and current condition of injury:

3. Do you take and medication or pills? _____

List all **prescription medications** you are currently taking and and for what condition the medication was prescribed.

List all **non-prescription medications** you are currently taking and for what condition the medication is being taken.

4. Do you have allergies to any medicine? _____

Please list _____

Have you ever had a heart murmur, high blood pressure or a heart abnormality?

5. Have you ever _____
a. been dizzy or passed out during or after exercise _____
b. been unconscious or had a concussion _____
If you have had a seizure or a concussion or been unconscious for any reason in the last year,
please explain _____
6. Are you able to run a half-mile without stopping _____
(2x around a track)
7. Do you _____
a. wear glasses or contact lenses _____
b. wear dental bridges, plates or braces _____
10. Are you missing any organs? _____
If yes, which organ _____
11. When was your last tetanus booster shot? _____
12. Over the next 12 months what activities or sports do you plan to participate in?

13. Are you worried about any problem or condition at this time? If yes, explain.

14. Do you have any known FOOD Allergies, if yes please list: _____

I hereby state that to the best of my knowledge, the answers to the above questions are correct.

Member/Participant

Date _____

Parent/Guardian
(if member is under age 18)

Date _____

* Completion and signature of this form is required for participation in the Thunder Drum and Bugle Corps. Failure to return this form may result in the member not being allowed to participate.