

# GEORGIA YEARBOOK WORKSHOP 2024

## Medical Release Form

All attendees must sign and return this medical form before your registration will be accepted. If the attendee is under 18, a signature from a parent or guardian is required. If the attendee is over 18, a signature and emergency contact is required. In the event of emergency illness or accident, this form authorizes the administration of medical or surgical treatment deemed necessary by a licensed M.D. for the individual named. Should religious or other considerations prevent such permission, the individual must present, in lieu of this form, a statement absolving Innovation Academy, Even Hotel and Georgia Yearbook Workshop of any medical liability. This includes exposure to Covid-19. Information contained herein will remain confidential. Please print.

Attendee Name: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

Parent/Guardian Name (if under 18): \_\_\_\_\_

Emergency Contact Name (if over 18): \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Please list any pertinent medical information applicable to allergies, nervous disorders, heart trouble, diabetes, epilepsy, etc.: \_\_\_\_\_  
\_\_\_\_\_

Please list the date of last tetanus shot: \_\_\_\_\_

Please include any additional information which you feel may be pertinent to the attendee's safety while they attend the workshop on a separate piece of paper, attach it to this medical release, and check here:

*additional information included.*

\_\_\_\_\_  
Signature of Parent or Guardian OR Attendee if over 18 (signed above):

\_\_\_\_\_  
Date (indicated above):