

Central Texas Jostens Summer Journalism Workshop

PERMISSION AND CONSENT FORM
(Adult Attendees)

Workshop Dates: August 7-9, 2015

In consideration of the educational opportunity provided by Jostens, I hereby agree to hold harmless, release, and forever discharge Jostens, Inc. and each of its officers, directors, employees, sales representatives and agents from any and all claims, demands, liability, actions, causes of action, attorney's fees, and expenses on account of damages to personal property or personal injury which occurs during or is otherwise related to my attendance at the workshop.

I also give permission that medical attention be administered to me in case of an emergency. I understand that the emergency contact will be notified as soon as such communication can be made. In case emergency treatment is required, my health insurance plan number and carrier are:

Medical Information

Attendee's Name: _____

School Name: _____

Insurance Carrier: _____

Policy Number: _____

Please Include a Copy of Your Insurance Card.

On the back of this form – please list any chronic or acute medical conditions; allergies to food or medications; and any medications being taken at current time.

Emergency Contact

Name _____ Phone #: _____

Alternate Contact _____ Phone #: _____

I hereby agree to the foregoing:

Attendee's Signature:

_____ Date: _____

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PERMISSION AND CONSENT FORM
(All Participants - Student/Adviser/Chaperone)

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Medical Information

Attendee's Name: _____

School Name: _____

Insurance Carrier: _____

Policy Number: _____

Please Include a Copy of Your Insurance Card.

Emergency Contact

Name _____ Phone #: _____

Alternate Contact _____ Phone #: _____

I hereby agree to the foregoing:

Participant's Signature:

_____ Date: _____

Parent or Legal Guardian (required if participant is under 18 years of age)

_____ Date: _____

Please list any chronic or acute medical conditions; allergies to food or medications; and any medications being taken at current time in the space below. Use the back of this form if additional room is needed.