

SPONSOR INFORMATION:

Name: _____ Birthday: _____
Address: _____ City: _____ State: _____ Zip: _____
Number to Call in case of Emergency: _____

AUTHORIZATION FOR MEDICAL OR DENTAL CARE

Insurance Information:
Health Insurer Name and Phone No.: _____
Health Insurance Policy No. _____ Group Name: _____
Please list any significant health history, allergies, or other medical issues we should be aware of including any medications attendee is currently taking: _____

ANY ADDITIONAL ACCOMMODATIONS NEEDED:

AUTHORIZATION OF USE OF IMAGE:

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I understand that, although FC will endeavor to use my photograph or likeness in accordance with standards of good judgment, FC cannot warrant or guarantee that any further dissemination of my photograph or likeness will be subject to FC supervision or control. Accordingly, I release FC from any and all liability related to dissemination of my photograph or likeness, reproduction, distribution, and display of the photographs in print or any and all other media, and any alteration, distortion or illusionary effect, whether intentional or otherwise, in connection with said use. I also understand that I may not withdraw my permission for the use of any photos or other likeness at any time in the future.

I have read and understand the conditions of this content form.

Signature _____ Date _____