



# ADULT

## Emergency Contact/Medical Release Form

Participants cannot register without a completed and **signed** form.

### ADULT INFORMATION

Name	School/Group:	Birthdate
	Workshop Dates:	
Mailing Address	Male _____	Female _____

City, State, and Zip

E-mail Address:

Prescription medication(s) taken: *(Need to be in original container and labeled with participant's name, doctor's name, medication name, dosage, prescription number, date prescribed, and instructions.)*

Special dietary needs

Allergies and/or special medical conditions we should know about

### EMERGENCY CONTACTS

Name	Day phone#	Evening phone#
Name	Day phone#	Evening phone#

\_\_\_\_\_ Please send Trees For Tomorrow program/membership information to my home address.

\_\_\_\_\_ Please send Trees For Tomorrow program/membership information to my e-mail address.

\_\_\_\_\_ Do not send me any Trees For Tomorrow information.

#### By signing this form,

\*I give my permission for Trees For Tomorrow medical staff to provide medical treatment, if needed. I understand I will be billed for any medical charges if I do not have insurance. **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

\*I agree to hold harmless and indemnify Trees For Tomorrow, their officers and employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred or required arising out of the actions of my participation in the course of the workshop. I also understand that upon check-out, any damages to Trees For Tomorrow property or any housekeeping services required beyond day-to-day use caused by me, will be billed to me.

### Signature

NOTE: Failure to sign this form will prohibit you from participating in all Trees For Tomorrow activities. All medical information is kept confidential and all medical forms are kept for a period of five years. You are invited to request more information about Trees For Tomorrow programs, facilities, and policies at any time.

Trees For Tomorrow

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