



SPONSOR

2018 Medical Release Form

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 medications attendee is currently taking and any allergic or other medical issues we should be aware of: _____

AUTHORIZATION OF USE OF IMAGE:

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

Signature _____ Date _____

This form is for Adult Sponsors only.