

# iNSIDEoUT Emergency Contact Form (For those age 18 and older)

For iNSIDEoUT Winter Retreat 2011 and all future iNSIDEoUT events.

*www.iNSIDEoUT180.org*

Please complete and mail this form to iNSIDEoUT c/o Amy Glaser 1303 Clarendon St. Apt. B Durham, NC 27705. This completed form must be \*received\* no later than January 28th, 2011 for you to attend. If you have questions, please contact Amy Glaser at iNSIDEoUT180@gmail.com or 919.923.7884.

Yes, I, \_\_\_\_\_, wish to participate in the iNSIDEoUT Winter Retreat 2011. The retreat will begin at 5:00 pm Friday, February 4th, 2011 and will conclude at 8:00 am Sunday, February 6.

I understand that once at the retreat, I must remain there throughout the duration of the event (unless special arrangements are made). I understand that appropriate adult supervision will be provided at all times during the retreat. I hereby release iNSIDEoUT, its sponsoring organization Outside In 180, and all adult chaperons, board members and advisors from any liability for injuries or accidents, or damage to personal property that may occur during the retreat, or at any future iNSIDEoUT event.

I hereby authorize any adult representative of iNSIDEoUT to act on my behalf in obtaining emergency medical treatment during the retreat or at any future iNSIDEoUT event if I and my emergency contact are unable to make the relevant decisions. I also agree to pay any costs incurred as a result of such medical treatment. I further agree to pay any costs incurred by or through my conduct or negligence, including property damage, personal injury, or any other type of conduct at the retreat and at any future iNSIDEoUT event. By signing below, I release iNSIDEoUT, Outside In 180, adult chaperones, and the owners of any facilities used from any liability beyond their control within the framework of the retreat.

If my behavior causes any disruption in the planned activity, or if I am found with weapons, illegal drugs or alcohol, or dismissed from the event for any other reason, I agree to arrange my own transportation to leave the event immediately.

Please initial and put check marks on the appropriate lines:

Initial: _____	_____: Yes, I give permission for my name, and images and videos of me to be featured on the iNSIDEoUT website at <a href="http://www.iNSIDEoUT180.org">www.iNSIDEoUT180.org</a> for educational and publicity purposes.
	_____: No, I do not want my name, or images or videos of me posted on iNSIDEoUT's website.

Please list any important information about your health, medical history or well-being (including food and insect allergies, important behavioral traits, medication and dosage, etc.). If none, write "none": \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact Name (Print): \_\_\_\_\_ Relation to Participant: \_\_\_\_\_

Emergency Contact Home Address: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact Email Address: \_\_\_\_\_

Participant Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_