



Career & Technical Instruction

Personal Liability / Medical Release / Photograph Release

All students and adults who attend Georgia CTI events are required to complete this form. No attendee is allowed to participate unless CTI receives this form. Parents and coordinators: Please make a copy of this completed form for your records.

Name \_\_\_\_\_ Best Contact Number \_\_\_\_\_

Home street address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Competitive Event (N/A if not competing ) \_\_\_\_\_

CTI Coordinator \_\_\_\_\_ School \_\_\_\_\_

School Telephone \_\_\_\_\_

School street address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

MEDICAL INFORMATION (children and students only)

1. Allergies (drug or otherwise) \_\_\_\_\_

2. Current medication \_\_\_\_\_

3. Describe any history of heart condition, diabetes, asthma, epilepsy, or rheumatic fever, etc.

\_\_\_\_\_

4. Physician's name & Telephone \_\_\_\_\_

5. Insurance Company Plan Number \_\_\_\_\_

6. Group Number Date of last tetanus shot \_\_\_\_\_

7. Emergency Contact & Phone Number \_\_\_\_\_

"I hereby agree to release the CTI, its representatives, agents, servants and employees from liability for any injury to the above-named person at any time while attending the CTI Activity, including travel to and from the conference, excepting only such injury or damage resulting from willful acts of such representatives, agents, servants, and employees."

"I do voluntarily authorize the CTI local coordinators, state advisor, assistants and/or designees to administer and/or obtain routine or emergency medical treatment for the above-named person as deemed necessary in medical judgment."

"I agree to indemnify and hold harmless the CTI coordinators and/or assistants and designees for any and all claims, demands, actions, rights of action, or judgments by or on behalf of the above-named person arising from or on account of said procedures or treatment rendered in good faith and according to accepted medical standards."

"I hereby authorize any physician member of the Department of Emergency Medicine of an accredited hospital or any member of the medical staff of an accredited hospital to render medical treatment, which in his/her judgment is deemed necessary in the care of the above-named person (child or student) while attending the CTI Activity, including time traveling to and from the conference." "I permit CTI to use video footage and photographs of my child for publicity that might include but is not limited to: website, PowerPoint presentations, promotional videos, flyers or news publications."

Signature of Parent or Guardian (if a minor)

Date

Signature of Student/Adult Attendee

Date