



# ADULT MEDICAL RELEASE FORM

Please complete this form ONLY if the Participant is over the age of 18 as of the Festival start date. If the Participant is under the age of 18, please complete the Medical MINOR form.

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Telephone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Gender:  Male  Female

**Emergency Contact Information**

Name _____	Name _____
Relation _____	Relation _____
Phone _____	Phone _____
Alternate Phone _____	Alternate Phone _____

**Medical Information**

Allergies \_\_\_\_\_

Medication(s) you are taking (including dosage) \_\_\_\_\_

Date of last Tetanus/Diphtheria Inoculations \_\_\_\_\_ Blood Type  A+  O+  B+  AB+  A-  O-  B-  AB-

*Physician Information*

Name _____	Phone - Office _____
Address _____	Phone - Emergency _____

Do you have health insurance?  Yes  No Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Group # \_\_\_\_\_ Policy# \_\_\_\_\_ I.D.# \_\_\_\_\_

Special Health Needs or Concerns \_\_\_\_\_

**Emergency Medical Authorization**

I, the undersigned, do hereby authorize Summit Music Festival and its designated representatives to consent, on my behalf, to any medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization of treatment rendered pursuant to this authorization during the Summit Music Festival dates.

I am eighteen years of age or older, have read the above authorization and confirm that the information contained therein is true and accurate.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_