



Summit Music Festival

SEMINAR PROGRAM & CONCERT SERIES

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 _____