3 Capitol Mall, Little Rock, AR 72201

Phone: 501-683-0099 Fax: 501-682-8306

***All children, students, and adults who attend any Arkansas TSA Leadership/State Conference require this form. No Conference attendee is allowed to participate unless Arkansas TSA receives this form. Parents and chapter advisors: Please make an additional copy of this completed form for your records.***

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date of Birth: |  |
| Home Address: |  | Phone #: |  |
| City/State/Zip: |  |  Parent Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
|  | Advisor(s): |  |
|  | School/School Number: |  |
|  | City: |  | State: |  | Zip Code: |  |
| Medical Information & Release (children and students only): |
| Allergies (drug or food): |  |
|  |  |
| Medication : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Physician’s Name and Number: |  |
|  |
| *“I hereby agree to release to Arkansas Technology Student Association, its representatives, agents, servants, and employees from liability for any injury to above names person at anytime while attending the Arkansas TSA 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 Arkansas Technology Student Association’s local chapter advisors, state advisors, assistants and/or designees to administer and/or obtain routine or emergency treatment for the above-named person as deemed necessary in medical judgement.”**“I agree to indemnify and hold harmless the Arkansas Technology Student Association and/or assistants and designees for any and all claims, demands, actions, rights of action, or judgements 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 Arkansas TSA activity, including time traveling to and from the* conference.” |
|  |
| **PHOTO RELEASE***“I permit Arkansas TSA 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, and news publication* |  |
|  |
| Participant’s or Advisor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Parent/Guardian Signature: |  | Date Signed: |  |
|  |
|  |