



## MEDICAL & LIABILITY RELEASE FORM

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Press Release

I authorize ECHO, Leahy Center for Lake Champlain ("ECHO") to use the above named person's image for ECHO related printed and digital materials, without limitation, as ECHO shall in their sole discretion determine. This authorization is without date restriction. ECHO agrees that this photograph will not be given or sold to any individual or organization and will only be used for ECHO promotional purposes. If the above named person is a minor, ECHO further agrees not to use the name of the above mentioned person in relation to the use of the photograph unless the Parent/Guardian signs the applicable release line below.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Minor Person Appearing Name Usage Release

I hereby grant ECHO the right to use the name of the above mentioned Minor Person in relation to the photograph, for ECHO related printed and digital materials, without limitation, as ECHO shall in their sole discretion determine.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Liability (must be signed to participate)

By signing this form you are indicating your understanding that ECHO assumes no responsibility for any injury suffered by your child as a result of his/her participation in ECHO programming either on or off ECHO premises, and, that neither you nor your child, nor the heirs, administrators, executors, and assigns of either shall ever institute, or aid in the institution of any action at law or otherwise against ECHO on account of any injury to your child or his/her property resulting from his/her program participation, and/or you and your child, for your selves and your heirs, administrators, executors and assigns HEREBY RELEASE ECHO, its Board of Governors, Trustees, Officers, employees and agents from and against any and all claims for personal injuries to your child or loss of or damage to his/her property arising out of his/her activities as a ECHO program participant.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Medical Information/Release

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

1. Food or other allergies \_\_\_\_\_
2. Physical limitations (asthma etc.) \_\_\_\_\_  
\_\_\_\_\_
3. Special dietary requirements \_\_\_\_\_
4. Other special needs \_\_\_\_\_  
\_\_\_\_\_
5. Do you give us permission to dispense medication that you provide?    Yes                      No

Name of Medication\* \_\_\_\_\_

Purpose of Medication \_\_\_\_\_

Dosage \_\_\_\_\_ Time Needed \_\_\_\_\_

Special Instructions \_\_\_\_\_

Warning Signs of Condition \_\_\_\_\_

Possible Reactions/Side Effects \_\_\_\_\_

\*Medication must be provided in its original packaging and include the prescribing physician's contact information.

I authorize the staff of the ECHO, Leahy Center for Lake Champlain (ECHO) to carry out standard first aid and CPR, including treatment of severe allergic reactions, and to arrange for emergency care for my minor child/ward at a local hospital, as the staff deems necessary. I authorize hospital personnel to provide emergency medical treatment for my child/ward.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_