

# PARTICIPANT RELEASE, WAIVER OF LIABILITY, AND AUTHORIZATION FOR MEDICAL TREATMENT AND TO USE IMAGES

**\*Parents/Guardians and Advisors – Please make copy of this completed form for your records.**

- The “Construction Program” is SKILLS CHALLENGE FOR CENTRAL GEORGIA & SOUTHERN CRESCENT WORKFORCE DEVELOPMENT ALLIANCES.
- The “Program Site” is MACON FARMERS MARKET, 2055 EISENHOWER PARKWAY, MACON, GA.
- The “Program Organizers” are AGC GEORGIA, SHERIDAN CONSTRUCTION, AND SWOFFORD CONSTRUCTION, INC. and each of their owners, members, officers, directors, employees, representatives, parents, subsidiaries, affiliates, successors, insurers, agents, volunteers, exhibitors and assigns.

- **DRESS CODE:** Long pants and closed-toed shoes. No exception.
- **BEHAVIOR:** No horseplay. No climbing/hanging on equipment.
- **EMERGENCY:** Any injury, even minor, must be reported to Program Organizers at Construction Program registration area.

**All children, students, and adults attending the Construction Program on October 27, 2020 are required to submit this form. No Construction Program attendee is allowed to participate unless Program Organizers receive this form.**

\*\*\*\*Person is a    **COMPETITOR**    **OBSERVER**   \*\*\*\*

Participant Name: \_\_\_\_\_ Home Ph. #: \_\_\_\_\_

Home street address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ If minor, school advisor: \_\_\_\_\_

School participant is affiliated with: \_\_\_\_\_

School street address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

School Ph. #: \_\_\_\_\_

***MEDICAL INFORMATION (minors and/or students only)***

Allergies (drug or otherwise): \_\_\_\_\_

Current medication: \_\_\_\_\_

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

Physician’s name: \_\_\_\_\_ Physician’s telephone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Plan Number: \_\_\_\_\_

Group Number: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph. #: \_\_\_\_\_

Participant Initials \_\_\_\_\_ Parent/Guardian Initials \_\_\_\_\_

