MISS RAVENSWOOD OCTOBERFEST MEDICAL RELEASE

Contestants Full Name: _____
Date of Birth_____
Parent/Guardian
Name:_____Relationship_____
Address:_____
Home Phone:_____
Work Phone:_____
Cell
Phone:_____Other:_____
Please indicate another person to contact if an accident occurs and we are unable to reach you:
Name:_____Relationship_____Phone_____
Medical Insurance Company:_____
Policy No._____
Family
Doctor:_____Phone_____
List any medication(s) you are currently taking:
_____
_____
Drug Sensitivities or
Allergies_____
Other
Allergies_____
Any other medical problems or conditions we should know
about_____
_____

I (we) hereby consent to allow the Ravenswood Octoberfest BOD to select a hospital, clinic, or other medical facility that shall be authorized to diagnose and treat _____ for any medical problem that may occur during participation in the Teen/Queen Pageant and /or other festival activities. In addition I (we) hereby give permission to those granting services to bill our Insurance company listed for any and all services listed. I (we) agree that by participating: 1. There are inherent risks of injury. 2. I (we) knowingly assume those risks and agree to indentify and hold harmless, the Ravenswood Octoberfest for any and all injuries sustained.

_____
Signature of Contestant Date Signature of Parent Date