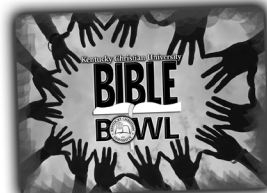




Kentucky  
Christian  
University



## Sponsor/Adult Medical Release

Please staple a photocopy of BOTH SIDES of your medical Insurance card to this form and return it to your team sponsor.

**EMERGENCY AUTHORIZATION:** I hereby give permission to the medical personnel attending to my treatment to order x-rays, routine tests and treatment. In the event of an emergency, I hereby give permission to the attending physician to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery.

I authorize Kentucky Christian University and its employees or agents to take photographs, video recordings, and audio recordings of me and/or my child. I agree to my image, voice and/or likeness being used in all forms of print and electronic media publications and/or video productions for purposes related to the University, including research, education, publicity, marketing, and promotion of programs for the University. I agree to hereby release, hold harmless, and discharge KCU, its officers, agents, and employees from and against any and all claims, actions, or causes of action, liability, and demands whatsoever beyond the control of, and without the fault or negligence of Kentucky Christian University.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

### Sponsor Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Sex \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Emergency Phone (\_\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

County of Residence \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Church Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

### Insurance Company Information

Complete Name of Insurance Company \_\_\_\_\_

Policy Holder Name \_\_\_\_\_

Group # \_\_\_\_\_ Group Name \_\_\_\_\_

Address of Insurance Company \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(Continued next page)

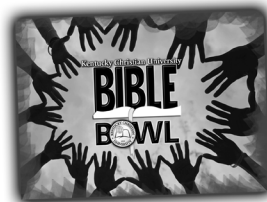
**Sponsor must make a copy of completed *Permission* form and the *Individual Code of Conduct* form. Keep a copy for your records and turn the original in to the KCU Bible Bowl Tournament office on day of registration.**

Please staple a photocopy of BOTH SIDES of your medical Insurance card to this form and return it to your team sponsor.

**BIBLE BOWL SPONSORS DON'T FORGET:** Please have copies of all registration forms made before arriving. Originals are speedily turned in to KCU records. [www.kcu.edu/sports/biblebowl](http://www.kcu.edu/sports/biblebowl)



**Kentucky  
Christian  
University**



## Sponsor/Adult Medical Release

Where is the Policyholder Employed \_\_\_\_\_

Employer's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer's Phone Number (\_\_\_\_\_) \_\_\_\_\_ If self-employed, give occupation \_\_\_\_\_

### Health History Form

*Health History (Mark with an "X" and give approximate dates)*

- ☐ Ear, Nose, Throat disorder \_\_\_\_\_
- ☐ Heart defect/disease \_\_\_\_\_
- ☐ Convulsions \_\_\_\_\_
- ☐ Diabetes \_\_\_\_\_
- ☐ Bleeding, clotting disorders \_\_\_\_\_
- ☐ Hypertension \_\_\_\_\_
- ☐ Asthma \_\_\_\_\_

#### Diseases

- ☐ Mononucleosis \_\_\_\_\_
- ☐ Chicken pox \_\_\_\_\_
- ☐ Measles \_\_\_\_\_
- ☐ German Measles \_\_\_\_\_
- ☐ Mumps \_\_\_\_\_
- ☐ Hepatitis \_\_\_\_\_

#### Allergies

- ☐ Ivy poisoning, etc. \_\_\_\_\_
- ☐ Insect stings \_\_\_\_\_
- ☐ Penicillin \_\_\_\_\_
- ☐ Other drugs \_\_\_\_\_
- ☐ Foods \_\_\_\_\_
- ☐ Grass, weeds, pollen \_\_\_\_\_

Operations or serious injuries (dates) \_\_\_\_\_

Disability or chronic recurring illness \_\_\_\_\_

Dietary modifications \_\_\_\_\_

Current medications (send with instructions) \_\_\_\_\_

Other diseases or details of above \_\_\_\_\_

Suggestions or health related information for event personnel

When was the date of your last Tetanus Shot? \_\_\_\_\_

Name of dentist/orthodontist \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Name of family physician \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_