

**BRIGHTON CREEK CONFERENCE CENTER
MEDICAL RELEASE AGREEMENT (Form Reg2)**

(Required to be completed by all attendees. Those under age 18 must have parent's signature)

Event Name: _____ Today's Date: _____

Attendee's Names	Age	Food Allergies, Limiting Health Conditions, Medications, Reactions to Medications

The staff at the BRIGHTON CREEK CONFERENCE CENTER (BCCC) has my permission to obtain whatever medical care or diagnostic tests they deem necessary for the well being of the attendees named above, while they are attending the BCCC. I agree to release, indemnify and hold harmless BCCC, any other sponsors / providers, their employees, agents and contractors from all actions or claims of the attendees. I agree to be responsible for any medical expenses incurred by the attendees. I have carefully read and fully understand this Medical Release Agreement. I am aware that by signing this Medical Release Agreement I am waiving certain legal rights, including the right to sue. I am legally competent to sign this Medical Release Agreement. I sign this Medical Release Agreement of my own free will.

Attendee's Signature/Date
(If attendee is a minor, parent or legal guardian must also sign.)
(For elderly attendees, BCCC must have proof of power of attorney/court appointed guardian.)

Parent/Legal Guardian's Signature/Date

MEDICAL INFORMATION

Medical Insurance Provider: _____ **Policy #:** _____

Cardholder Name: _____ **Phone:** _____

Address: _____ **City:** _____ **State/Zip:** _____

Family Medical Doctor: _____ **Phone (office/cell):** _____

Family Dentist: _____ **Phone (office/cell):** _____

Emergency Contact: _____ **Phone:** _____ **Relationship:** _____

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Emergency Contact: _____ **Phone:** _____ **Relationship:** _____

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