OFFICE USE ONLY:

VOLUNTEER FORM

St. George Pathfinders, Inc.
Western American Region
Division "Kiev" / Division "Nizhni Novgorod"

ADULT CONSENT FOR MEDICAL AND SURGICAL CARE FORM

I _____ (your name) hereby give my consent to receive medical or surgical treatment and to be hospitalized if necessary in case of injury or possible sickness while participating in the 2019/2020 program and/or traveling with the St. George Pathfinders.

It is agreed that in the event of sickness, injury or accident I will assume full financial responsibility for the payment of medical and/or other costs.

It is further recognized and agreed that St. George Pathfinders, their officers and individuals placed in charge, will not be liable in any way for accidents, injury or other mishaps whether the result of negligence or other cause.

It is understood that in case of emergency every effort will be made to contact the person listed below.

IN CASE OF EMERGENCY PLEASE CONTACT:

Name: _____ Relationship: _____

Phone: Res: _____ Cell: _____

List below the medical insurance in effect for the individual signing this form:

Name of Insurance Company: _____

Policy Number: _____ Date of Birth_____

I am known to be allergic to the following foods and medications. Additionally, special attention should be paid to the following medical problem: (e.g. other allergies, fainting, diabetes, heart disease, epilepsy, etc.)

_____

SIGNATURE SIGNIFIES CONSENT/AUTHORIZATION THROUGH 3/31/2020 UNLESS OTHERWISE SPECIFIED.

Signature (Legal Name) _____ Date _____

Address: _____ City/State/Zip:_____

Email Address: _____

Phone: Res: _____ Cell: _____