



HAMMER & NAILS, INC. Health & Release of Liability & Consent / Photo & Video Release Form

Fill out both sides COMPLETELY

****THIS PAGE MUST BE FILLED OUT TO BE ON SITE****

Group Affiliation: _____

Youth/Adult information:

Name: _____ Date of Birth: _____ Age: _____

Address: _____ City/State: _____ Zip: _____

Phone no.: _____ Work Phone: _____ Email: _____

Alternate contact person: _____ Relationship: _____

Phone no.: _____ Work/Cell Phone: _____

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury.

Do you have medical insurance? Yes No Primary Insurance Company: _____

Policy no.: _____ Group no.: _____

Person Responsible / Relationship: _____

Secondary Insurance Company: _____

Policy no.: _____ Person Responsible / Relationship: _____

Family doctor: _____ Phone No.: _____

Family dentist: _____ Phone No.: _____

Health History:

Pre-existing or present medical conditions: _____

List any medications and dosage: _____

Allergies: _____

Please check all that apply:

- | | | |
|-----------------|-------------------------|---------------------------------|
| _____ Hay fever | _____ Heart condition | _____ Frequent stomach upsets |
| _____ Diabetes | _____ Insect stings | _____ Epilepsy/Nervous disorder |
| _____ Asthma | _____ Physical Handicap | |

If any of the above are checked, please give details (i.e., include normal treatment of allergic reactions): _____

List any major illnesses or surgeries and when? _____

Medical and Liability Release Statement:

I understand that in the event medical intervention is needed for myself or my ward, an attempt will be made to contact the persons listed on this form. In the event I or my contact cannot be reached in an emergency during the project dates shown on this form, I hereby give my permission to the physician or dentist selected by the project leader to provide any needed medical care, including hospitalization.

I understand that my insurance coverage will be used as primary coverage in the event medical intervention is needed.

I understand that I and/or my ward, are volunteers in a non-profit charitable project which involves unforeseeable risks and hazards. I agree to hold Hammer & Nails, Inc., its board of directors, officers and employees harmless for any and all claims, suits or actions of whatever sort arising from my or my ward's voluntary participation in this project.

Signature: _____ Printed Name: _____

Parent / Legal Guardian Signature: _____

Name above printed: _____ Date: _____

→ If under 18 years of age a parent or guardian must fill out and sign the form ←

*******Must fill out*******

HAMMER & NAILS, INC.
Volunteer Photo & Video Release

I agree that Hammer & Nails, Inc. may use without obligation and may copyright for advertising, publicity and promotional purposes the photographs, videos, stories, illustrations and/or accounts and descriptions in which I appear. I also understand I will not receive a reimbursement.

I consent to have my true name used in connection with these materials.

Yes No

Signature (if adult): _____ Date: _____

Print name: _____

Print name of minor child: _____

Signature of parent or guardian: _____ Date: _____

Print name of signature: _____

Address (print): _____ Phone: _____

City: _____ State: _____ Zip: _____