

ADULT MULTIPLE RELEASE FORM

A separate form for each adult is required at all state sponsored activities

Adviser/Chaperone/Administrator Name

School Name

Date of Activities: July 1, 2017 to June 30, 2018

PARTICIPATION ACKNOWLEDGEMENT

I, the Adviser, hereby certify that this adult has been authorized to attend this state sponsored activity and has received instructions concerning the organization rules at state authorized activities.

Adviser Print Name

Signature

Date

I, the adult, do hereby verify that I have received the above information.

Adviser/Chaperone/Administrator Print Name

Signature

Date

MEDICAL RELEASE

I hereby authorize in advance any necessary medical treatment required for myself.

Adviser/Chaperone/Administrator Print Name

Signature

Date

I am currently under medical care. Yes No

If yes, explain: _____

Emergency Contact Person: _____

Home Phone No.: _____

Cell Phone No.: _____

Medical Insurance Co.: _____ Policy No.: _____

Name of Family Physician: _____

Any allergies, medications, etc.: _____

FCCLA RELEASE

I agree not to hold Colorado FCCLA, the State Board for Community Colleges of Colorado, or any of its agents, liable for any accident, illness, or injury to me during participation in any state authorized activity, including travel to and from activity sites.

Adviser/Chaperone/Administrator Print Name

Signature

Date

PHOTO RELEASE

I hereby consent to and authorize the use and reproduction by Colorado FCCLA, the State Board for Community Colleges of Colorado, or any of its agents, any and all photographs/digital images/videotapes/recordings of me taken at various locations, for use by the Colorado Community College System, its employees, officers and agents, and the right to copyright and/or use, reuse and/or publish, republish photographic pictures, digital images, videotapes and recordings in conjunction with (individual's name) I also give permission for these photographs/digital images/videotapes/recordings to be used in its entirety and/or edited version as deemed necessary by the Colorado Community College System (to include usage of images on Career and Technical Student Organizations websites). Furthermore, permission is also given for the photographs/digital/images/videotapes/recordings to be used by the Colorado Community College System at any time in the future without further clearance from me. I understand that these photographs/digital images/videotapes/recordings may be used for marketing purposes (including websites) by the Colorado Community College System.

I have read the foregoing release, authorization and agreement, before signing below, and warrant that I fully understand the contents thereof.

Adviser/Chaperone/Administrator Print Name

Signature

Date