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|  | Inspiring Connections Ooutdoors – AtlantaTrip and Participant InformationRisk, and Release of Liability |

Trip Destination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trip Date(s): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_

Departure Time: \_\_\_:\_\_\_ Approximate Return Time: \_\_\_:\_\_\_

Departure Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_ Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_

## Trip Participant Information

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Height \_\_\_\_\_\_\_\_\_ Weight \_\_\_\_\_\_\_\_\_

List any special health concerns (asthma, contact lenses, etc.) or allergies (to food, drugs, insects, etc.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List all medications being taken, including inhalers. List: purpose of medication, dosage, when to administer, who will administer, and where it will be kept during the outing. Please pack enough for the duration of the trip.

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| **Publicity Permission**  ⬜ **Yes**  ⬜  **No**I give permission for my child/guardian’s picture and/or words to appear on any medium of communication (for example, radio, television, newspapers, ICO brochure or website) as a means of promoting the Inner City Outings program. **Your child will still be able to participate on outings even if you do not agree to this publicity permission.** |

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 **Signature of parent/guardian** Date