

# Motivated Proformance Inc., Liability & Medical Release Form

Make a copy for yourself and bring the ORIGINALS to registration

Check One:  Advisor  Student

Individual's Name \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_ Home Phone \_\_\_\_\_ H.S. Graduation Year \_\_\_\_\_

Name of Parents/Legal Guardians (with whom you live) \_\_\_\_\_

School You are Attending with \_\_\_\_\_

Student Group Associated with \_\_\_\_\_

City/State \_\_\_\_\_ Group Leader's Name \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Known Allergies and Reactions \_\_\_\_\_

Medications Currently Taking \_\_\_\_\_

I, the parent or legal guardian of the student listed on this form, certify that he/she has my full approval to participate in this Leadership Hoedown. The individual identified on this form understands that all students are expected to abide by the Program rules and be directly responsible to the Motivated Proformance Program Director. The Motivated Proformance, Program Director assumes responsibility for discipline at the Program and, if necessary, may, because of misconduct or disobedience, require a student to leave. In such instance, I will assume full responsibility for returning the student home.

Further, I do release and hereby agree to hold blameless Motivated Proformance and its employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with Leadership Hoe-Down Programs. I also release the lessor of properties (colleges) on which the Program is held. **I agree to pay for any damages to or lessor facilities as determined by Motivated Proformance or event staging officials, including any keys not returned at the time of group check out. I understand that neither Motivated Proformance nor the Lessor will bear any liability or responsibility for property of the above named which is damaged, stolen, or lost during the event. I have been advised that participants should not bring electronics or other valuables to this event and if participant chooses to do so it is at his or her own risk.**

Further, I do authorize the program director or/and Motivated Proformance staff member, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while on this trip. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Further, I do certify that said child is covered by adequate accident insurance. My consent and signature is given below. I have read and agree to the information given in this entire form.

Signature of Individual Named Above \_\_\_\_\_

Printed Name of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of the Parent/Legal Guardian \_\_\_\_\_

Person to notify if you cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Motivated Proformance often uses photographs and video footage shot at the Program for promotional materials. If you prefer that the individual named above NOT be shown in this footage, please check this box.

Motivated Proformance Inc.  
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