

Don't Slide Under the Truck Explorer Weekend 2019

Rossford Fire & Rescue Dept. | Explorer Post 790

Owens Community College Center for Emergency Preparedness | IBEW Local 245

August 3rd, 2019

Permission slip for ALL PARTICIPANTS

(If under 18, A PARENT SIGNATURE IS REQUIRED)

I, _____, and my heirs, in consideration of my participation in the Don't Slide Under the Truck Explorer Weekend 2019, hereby release the Rossford Fire & Rescue Dept. Explorer Post 790, the City of Rossford, Wood County, Ohio, The City of Walbridge, Owens Community College Center for Emergency Preparedness, the IBEW Local 245, its officers, employees and agents, and any other people officially connected with the Don't Slide Under the Truck Explorer Weekend 2019, from any and all liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, imprisonment, death, or loss of money, which might occur while participating in the Don't Slide Under the Truck Explorer Weekend 2019. Specifically, I release said persons from liability or responsibility for the condition or selection of course route and for the presence or actions of any participants. I am aware that participation involves a risk or danger of accidents, and knowing these risks, I hereby assume those risks and state that I am in sufficient physical condition to accept the level of physical activity. I understand that participation in the Don't Slide Under the Truck Explorer Weekend 2019 is strictly voluntary and I freely choose to participate. I understand the Rossford Fire & Rescue Dept. Explorer Post 790, the City of Rossford, Wood County, Ohio, the IBEW Local 245, The City of Walbridge and Owens Community College Center for Emergency Preparedness, do not provide medical coverage for me. I verify that I will be responsible for medical costs I incur as a result of my participation.

PARTICIPANT INFORMATION				
First Name:	Last Name:	M.I.:	Date of Birth:	Phone: () -
Address:			<input type="checkbox"/> Explorer <input type="checkbox"/> Victim T-Shirt Size _____	
City:	State:	Zip:	If Explorer, Post Name & Number:	If Victim, group name:
NOTIFY INCASE OF EMERGENCY				
Name:		Relation to Participant:		
Address:		Home Phone: () -	Mobile Phone: () -	
City:	State:	Zip:		
OTHER INFORMATION				
Medications:		Health Concerns / Allergies:		
INSURANCE INFORMATION & PARENTAL CONSENT				
Primary insurance company:		Parent/Legal Guardian Signature _____ DATE _____ I have read and understand the top paragraph.		
Subscriber's name:	DOB:			
Policy #:	Group #:			