

Passport, Inc. Chaperone Medical & Photo Release Form

(Please fill out as clearly as possible in black or dark blue ink only)

Chaperone Info

☐ Name _____ T-Shirt Size _____

☐ Email _____ Age _____ Date of Birth _____

Address _____ City _____ ST _____ ZIP _____

Phone _____ (cell/work/home) _____ (cell/work/home) _____ (cell/work/home)

I will be attending PASSPORT with _____ Church.

Medical Info

Medication (currently using) _____

Allergies _____

Family Doctor _____ Address _____

City, ST, ZIP _____ Phone _____

Insurance Carrier (if applicable) _____ Policy # _____

Date of last Tetanus shot _____ Group # _____

Medical & Photo Release

I (print name), _____ do hereby give my

permission to receive emergency medical care. In addition, I will not hold Passport, Inc., responsible for any expense, claims, or liability arising from an injury to myself.

Throughout a session of PASSPORT, a photographer and videographer may take footage that could be used in future Passport, Inc. promotional materials. My signature below gives permission for Passport, Inc. to use my image in future promotional materials. If I choose not to allow Passport to display my image, I will indicate so by crossing out the previous sentence.

Signature _____

Date Signed _____