

Seeds of Fire Camp over 18 participant **MEDICAL RELEASE FORM**

I, _____ am attending the *Seeds of Fire Living Legacy tour* with the Highlander Research and Education Center based in *New Market, TN*, from *July 16, 2015* to *July 27, 2015*, hereafter known as "SoF". I give my consent and authority for SoF staff or designated adult to take action to help insure the safety, health and welfare of myself and the fellow participants. I understand that if I break any federal/state/provincial or local laws, I will be asked to leave SoF. I also request and empower the SoF staff to authorize medical personnel and hospitals to provide all medical care, including but not limited to hospital tests, emergency surgical care, pathology, radiology and anesthesia, surgery and prescriptive drugs for the health of myself with your permission unless it is not possible.

The person covered is:

Full Name _____ Age: _____

Parent/Legal Guardian _____

Home Address _____

City/State/Zip _____

Home Phone _____

Business Phone _____

Cell Phone _____

In Case of Emergency during Seeds of Fire Camp (July 10-17, 2010) Contact:

Name _____

Day Phone _____

Evening Phone _____

Medical / Health Problems:

Allergies _____

Asthma/Respiratory _____

Vision/Hearing _____

Surgery _____

Heart Problems _____

Diabetes _____

Seizures _____

ADD _____

Headaches _____

Stomach _____

Broken bones _____

Other _____

Health Care Information:

Name of Dentist/Orthodontist _____

Phone _____

Name of Doctor _____

Phone _____

Do you carry family medical/hospital insurance?

yes no

Name of person with insurance policy

Health Insurance Agency Name

Policy # _____

Group # _____

Medications currently taking:

Are you under the care of a physician for

Epilepsy? yes no Diabetes? yes no

Other _____

The Undersigned, on his/her/per own behalf, does hereby RELEASE, discharge and covenant to hold harmless the Highlander Research and Education Center, its officers, employees and volunteers, from any and all claims, causes of action, and liability of any kind or nature, including personal injuries or death, or in any way arising out of, directly or indirectly, the participant's attendance or participation in Seeds of Fire.

Participant's Signature _____ **Date** _____

PARENT/GUARDIAN'S CONSENT AND MEDICAL RELEASE FORM

I, _____ (parent/guardian name) am the parent or legal guardian of _____ (youth name). I give my consent for him/her/per to attend *the Seeds of Fire Living Legacy tour* with the Highlander Research and Education Center based in *New Market, TN, from July 16, 2015 to July 27, 2015*, hereafter known as "SoF". I give my consent and authority for "SoF" staff or designated adult to take action to help insure the safety, health and welfare of my son/daughter/ward. I understand that if she/he/ze breaks any federal/state/provincial or local laws, she/he/ze will be asked to leave SoF and I will be informed. I also request and empower the SoF staff to authorize medical personnel and hospitals to provide all medical care, including but not limited to hospital tests, emergency surgical care, pathology, radiology and anesthesia, surgery and prescriptive drugs for the health of my child and we will try to call first, but only if it is safe to do so.

The child covered by this authorization is:

Full Name _____ Age: _____
Parent/Legal Guardian _____
Home Address _____
City/State/Zip _____
Home Phone _____
Business Phone _____
Cell Phone _____

In Case of Emergency during Seeds of Fire Camp (July 10-17, 2010) Contact:

Name _____
Day Phone _____
Evening Phone _____

Medical / Health Problems:

Allergies _____
Asthma/Respiratory _____
Vision/Hearing _____
Surgery _____
Heart Problems _____
Diabetes _____
Seizures _____
ADD _____
Headaches _____
Stomach _____
Broken bones _____
Other _____

Individuals not immunized due to religious objection must submit a written and signed statement from parent/guardian stating objection to their child's immunization due to religious beliefs. Youth not immunized due to medical exemption must submit a statement signed by a physician.

Health Care Information:

Name of Dentist/Orthodontist _____
Phone _____
Name of Doctor _____
Phone _____

Do you carry family medical/hospital insurance?
 yes no

Name of parent/person with insurance policy

Health Insurance Agency Name

Policy # _____

Group # _____

Medications currently taking:

All youth requiring prescription medicine while at SoF need to check in with Elandria Williams, Highlander Center Staff upon arrival. All medicine will be kept locked and distributed under the supervision of the paid Highlander staff. Asthma inhalers and epi-pens prescribed for severe allergic reaction may be carried, but please check with Elandria upon arrival so that these medications may be checked and documented. Please bring medicines to "SoF" in the original prescription bottle or container. Youth wishing to take nonprescription medicine such as Tylenol or ibuprofen should also check this medicine in with Elandria along with written instructions and consent from parent/guardian.

Is your child under the care of a physician for
Epilepsy? yes no Diabetes? yes no

Other _____

The Undersigned, on his/her/per own behalf, and on behalf of her/his/per minor child/ward, does hereby RELEASE, discharge and covenant to hold harmless the Highlander Research and Education Center, its officers, employees and volunteers, from any and all claims, causes of action, and liability of any kind or nature, including personal injuries or death, or in any way arising out of, directly or indirectly, the child's/ward's attendance or participation at the Seeds of Fire Living Legacy tour.

Parent/Guardian's Signature _____ Date _____



HIGHLANDER RESEARCH & EDUCATION CENTER

Terms and Agreement for Travel to Seeds of Fire Living Legacy Tour

Starting in Atlanta, GA and ending in Cincinnati, OH
July 16-27, 2015

The Highlander Research & Education Center (HREC) is supporting as needed your travel, lodging and meals for the Seeds of Fire Living Legacy Tour scheduled for July 16 - 27, 2015. In order to facilitate your transportation you will be required to sign, date, and return this document demonstrating your agreement with the terms contained here. **The document must be returned ASAP to Esme Baltazar via fax (865-933-3424) or mail (1959 Highlander Way, New Market, TN 37820).**

If you are unable to attend the training and do not give sufficient notice of cancellation, and failing to fulfill your accommodation obligations, you will be responsible to tender the full amount of your pre-paid travel cost, including airfare, or rental car fees to HREC. Due to budgetary restrictions, under no circumstances will the HREC assume the responsibility for airfare costs for participants that do not attend.

This agreement is entered into between the HREC and the signing party.

Organization

Name

Date



HIGHLANDER
RESEARCH &
EDUCATION
CENTER

1959 Highlander Way
New Market
Tennessee 37820

865-933-3443
Fax: 865-933-3424

WAIVER OF LIABILITY IF YOU ARE OVER 18

I, _____, being eighteen (18) years of age or older,
do hereby affirm and swear as follows:

1. I have voluntarily chosen to participate in the 2015 Seeds of Fire Living Legacy Tour.
2. I am fully aware of the potential risks that may arise in the course of my participation
3. I will fully and freely assume complete responsibility for any injuries, physical or mental, which I might sustain by participating in Seeds of Fire Living Legacy Tour.
4. I will hold the Highlander Research & Education Center harmless and not liable for any injury which may befall me as a result of my participation in the Seeds of Fire program; except that injury which may be sustained by me as a direct result of a willful or negligent act of an employee or agent of Highlander Research & Education Center.
5. Seeds of Fire Living Legacy tour will take place across several locations including: Atlanta & Albany, Georgia; St. Helena's Island & Charleston, South Carolina; Asheville, North Carolina; Clinton & New Market, Tennessee; Louisville, Kentucky; Cincinnati and Cleveland, Ohio.
6. We will also be staying at the Highlander Center which is located on a 180 acre farm in East Tennessee in the Smoky Mountains and supports grassroots and community leaders in the South and Appalachia and has been working for justice since 1932.
7. I will follow the following agreements:
 - No alcohol or drugs;*
 - No sex*
 - No weapons or firecrackers*
 - No leaving retreat center unless notifying Highlander staff.*
 - POSITIVE body space;*
 - CLEAN after yourself;*
 - Take care of yourself & others;*
 - Helping to create an Anti-Oppressive space (free of racism, sexism, heterosexism, classism, and the many other isms that we personally can carry on through comments, laughter, and other ways of being.*

I, _____ a participant at Seeds of Fire Living Legacy tour (July 16-27, 2015), have read, understand that they are to ensure my safety and those of my peers, and will comply with the signed terms of agreement.

I am also aware that if I violate the signed terms of agreement; my Director of my Organization will be notified of those violations, and my event participation will be terminated at the my own expense or that of my organization.



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Tennessee 37820

865-933-3443
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WAIVER OF LIABILITY IF YOU ARE UNDER 18

I, _____, parent of the minor
_____, of Date of Birth: _____, do here-
by affirm and swear as follows:

1. I have voluntarily chosen to participate in the 2015 Seeds of Fire Living Legacy Tour.
2. I am fully aware of the potential risks that may arise in the course of my participation
3. I willfully and freely assume complete responsibility for any injuries, physical or mental, which I might sustain by participating in the Seeds of Fire Living Legacy Tour.
4. I will hold the Highlander Research & Education Center harmless and not liable for any injury which may befall me as a result of my participation in the Youth program; except that injury which may be sustained by me as a direct result of a willful or negligent act of an employee or agent of HREC.
5. The Seeds of Fire Living Legacy Tour will take place at the Highlander Center which is located on a 180 acre farm in East Tennessee in the Smoky Mountains and supports grassroots and community leaders in the South and Appalachia and has been working for justice since 1932.
6. We will also be going to two field trips- Eastern KY/Southwest VA and one to a pool in East Tennessee near Highlander.
7. I will follow the following agreements:
No alcohol or drugs;
No sex
No weapons or firecrackers
No leaving retreat center unless notifying Highlander staff.
POSITIVE body space;
CLEAN after yourself;
Take care of yourself & others;
Helping to create an Anti-Oppressive space (free of racism, sexism, heterosexism, classism, and the many other isms that we personally can carry on through comments, laughter, and other ways of being.

I, _____ a participant at the Seeds of Fire Camp July 10-17, have read, understand that they are to ensure my safety and those of my peers, and will comply with the signed terms of agreement.

I am also aware that if I violate the signed terms of agreement; my parents / guardians will be notified of those violations, and my event participation will be terminated at the my own expense or that of my organization.

Signed _____
PARENT



**HIGHLANDER
RESEARCH
AND
EDUCATION
CENTER**

HIGHLANDER RELEASE

I hereby grant to the Highlander Research and Education Center the right to use, publish and copyright my picture, portrait and likeness, video and/or voice.

I understand that my image and/or voice will be used by Highlander for educational, promotional or fundraising purposes.

I understand that this agreement has no expiration date, that it is not limited geographically to where it can be distributed, and that there is no restriction as to which types of media can be used to reproduce these materials.

The materials covered by this release were captured in photography, video or audio at

_____ (location)

during _____ (event)

on _____ (dates).

Name: _____

Signature: _____

Address: _____

Phone number: _____

Date: _____

If the individual identified above is not yet eighteen (18) years old, his/her parent or guardian must complete and sign the following:

I hereby warrant that I am the (Parent/Guardian) of _____, a minor, and have full authority and authorize the above Release, which I have read and approved.

Name of parent or guardian: _____

Signature: _____

Address: _____

Phone: _____

Date: _____