

## Waiver and Consent to Medical Treatment

In consideration of being allowed to participate in UCSD Circle K's Masquerade Ball on November 19, 2017, I \_\_\_\_\_, hereby waive and release Kiwanis International, Circle K International, the California-Nevada-Hawaii District of Kiwanis International and of Circle K International, as well as all of their agents, employees, trustees, volunteers, affiliated clubs, officers, directors and members, from any and all liability for any claim, damage or injury, including but not limited to physical and/or emotional injury, medical and/or psychological expenses, and attorney's fees, arising from or related to my participation in this event.

I understand and I am aware that these activities may involve physical activity and risk, particularly where I choose to participate in dancing, karaoke, playing motion sensitive video games, and other activities involved. I represent that I am in appropriate medical condition to engage in the activities, that I will monitor my medical condition to take appropriate precautions, and I assume all risks associated with any activity I undertake. I agree to follow the directions of any and all supervising adults, such as members of Kiwanis, the security guards as well as Masquerade Ball Committee Members. I further understand that failure to follow such directions, or to otherwise act in an unsafe, illegal or unsportsmanlike manner, will be a basis for my removal from any further participation or involvement during or before the event or any particular activity relating to the event without refund of any fees or expenses paid, or from being allowed to participate in future activities.

I understand and agree that my image may be captured in photographs or video and used in publications, including but not limited to posting of my image on the Internet. I give express permission to do so, and my waiver and release in this document applies to those uses as well.

I understand that sleeping arrangements may include staying in the same room with students who are 18 years of age and older or under 18 years of age and may include both males and females in the same room. I expressly consent to said arrangements.

In the event I am injured, I authorize the supervising adults to obtain medical treatment on my behalf as may be reasonably necessary. I understand and agree that if such medical treatment is not covered by my personal medical insurance, I will be solely and completely responsible for any and all financial costs associated with that medical treatment.

I am at least 18 years of age, or a legally emancipated minor. I agree and consent to the foregoing.

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print participant name

\_\_\_\_\_  
Home area code and Telephone

\_\_\_\_\_  
Home street address and apartment, if applicable

\_\_\_\_\_  
Home City and Zip

\_\_\_\_\_  
Emergency contact and relationship

\_\_\_\_\_  
Emergency Contact Phone Number

\_\_\_\_\_  
Health Insurance Provider

\_\_\_\_\_  
Regular Medications

IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE AND NOT A LEGALLY EMANCIPATED MINOR, THE FOLLOWING MUST BE SIGNED BY A PARENT OR GUARDIAN.

I consent and agree to the foregoing on behalf of the participant.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Relationship to Participant

\_\_\_\_\_  
Area code and phone number