

Paradise Ranch / 2822 Paradise Lane / Springfield, TN 37172 / (615) 382-5616

Participant's Name: _____

EMERGENCY CONTACT INFORMATION

In the event of a medical emergency due to illness or injury, please contact:

Name: _____ Relationship: _____

Phone: (H) _____ (C) _____ (W) _____

Address: _____

In the event that this person cannot be reached, please contact:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Physician's Name: _____ Phone: _____

Preferred Medical Facility _____

Health Insurance Co: _____

Policy #: _____

PHOTO RELEASE: (Please check one box)

I DO

I DO NOT

consent to and authorize the use and reproduction by Paradise Ranch of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

Signature: _____ **Date:** _____

(Participant, Parent or Legal Guardian)