



2019 MEDICAL RELEASE FORM

I acknowledge that _____ (Participants Name) is a member of the Cincinnati Tradition Drum & Bugle Corps, and, as a member, engages in practices, travel & performances. I, the undersigned (Parent or Guardian if Participant is under 18), desire that said member receive the proper medical treatment in the event of illness or accident. I consent to the administration of all medical treatments as they are deemed necessary. I authorize the attending Cincinnati Tradition administrative representative to sign release & consent forms to authorize admission & medical treatment of the member. I also agree to accept any & all financial responsibility for said treatments.

In accepting this consent, the Cincinnati Tradition agrees to notify me, my parent or guardian, or my emergency contact in a reasonable amount of time in the event of any serious accident or illness, and provide this release as a standing request for treatment unless rescinded in writing by myself or my Parent / Guardian.

Printed Name Signature Member/ Parent or Guardian Date / /
if under 18

Printed Name Witness Signature Date / /

TO THE HOSPITAL AND SURGEON: If emergency surgery is required, and I cannot be reached or I am myself incapacitated, I authorize the attending Cincinnati Tradition administrative representative to sign the proper release, admittance, and consent forms for the surgery and related treatment of _____
(Name of Participant)

Printed Name Signature Member/ Parent or Guardian Date / /
if under 18

Printed Name Witness Signature Date / /