



# Central Valley Hiking Trip 2019

## SPECIAL EVENT REGISTRATION & RELEASE FORM

Event date: October 26, 2019

**Register by Monday, October 25th, 2019**

Name of Burn Survivor \_\_\_\_\_ DOB: \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (Day time) \_\_\_\_\_ (Evening) \_\_\_\_\_

(Cell) \_\_\_\_\_ E-mail \_\_\_\_\_

Guardian Email: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

First time attending this event?  Yes  No

### In case of an emergency please notify:

NAME	TELEPHONE	RELATIONSHIP

Medical Insurance (for use only in an emergency)

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

1. Is this your first time participating in any AARBF event?

Yes  No

If No, list some of those events: \_\_\_\_\_  
\_\_\_\_\_

2. Will you, or anyone in your group need to take any medication during this event?

Yes  No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

3. Do you or anyone else in your group require any special help that we should be aware of regarding your participation in this event? (For example: dietary restrictions)

Yes  No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ THE FOLLOWING CAREFULLY**

- While participating in this event, I understand that unacceptable behavior, drugs, alcohol, and firearms will not be tolerated, and may result in my dismissal.
- While participating in this event, I will take responsibility for the actions of the others listed as a part of my group.
- I hereby release and hold harmless the Alisa Ann Ruch Burn Foundation from any civil damages resulting from my participation in this event.
- I hereby give permission to the physician or medical personnel selected by the Alisa Ann Ruch Burn Foundation to obtain and administer surgical and medical treatment, hospitalization and medication for myself in the case of an emergency.
- I understand that the insurance held by the Alisa Ann Ruch Burn Foundation is secondary, and is supplemental to my own health insurance.

\_\_\_\_\_  
Parent and/or Guardian Signature if under 18 yrs.

\_\_\_\_\_  
Date

**PHOTOGRAPH/VIDEO RELEASE**

The Alisa Ann Ruch Burn Foundation needs your help and support in its work of providing educational programs about burn injuries. Often, as people become aware of how to prevent burns, they also want to support programs to help survivors of burn accidents. You can help our efforts to increase support for the valuable programs in which you participate. We need your authorization. Check next to the appropriate answer and then give your signature.

- Yes I authorize the Alisa Ann Ruch Burn Foundation to use photographs or video form of this event for public education to prevent burns. I understand that my last name, the cause of my burns, and any other sensitive personal information will not be revealed without my specific consent.
- No, I do not want to be photographed or video taped in any way.

\_\_\_\_\_  
Parent and/or Guardian Signature if under 18 yrs.

\_\_\_\_\_  
Date

**E-MAIL OR FAX THIS FORM BY OCTOBER 25<sup>TH</sup>, 2019, TO:**

**Erika "Kika" Mendoza  
911 H St Fresno CA 93721  
Phone: (559) 621-4016  
Fax: (818) 848-0296  
Email: emendoza@aarbf.org**