



**MEDICAL EMERGENCY RELEASE FORM
FRONTIERSMEN CAMPING FELLOWSHIP
NORTH STAR CHAPTER
"OLD TIMER"**



In order to protect my **self**, _____ I hereby give permission for the leaders of the N Star Chapter, Frontiersmen Camping Fellowship and their helpers: to call for a physician, secure necessary medical care, including the administration of anesthesia if surgery is advised by a physician; and to otherwise act in my behalf when I am unable to be reached and/or when delay would be dangerous in case of illness or accident. I understand that this form is effective for the dates noted below, from the date signed, but may be changed or revoked at any time by notifying the North Star Chapter, Frontiersmen Camping Fellowship. I agree to notify the leaders in the North Star Chapter, Frontiersmen Camping Fellowship in the event of any health changes, which would restrict my participation in any of the normal activities of the group. I understand that North Star Chapter, Frontiersmen Camping Fellowship has the responsibility and the right to restrict any person from any activity which they feel is beyond the physical capabilities of that person.

This is effective from: _____ **to:** _____

My Name: _____

My date of birth: _____

Home Address: _____

City, State & Zip: _____

In case of Emergency please contact the following person:

Home Phone: _____ Cell Phone: _____

Medical Insurance is: _____ Policy #: _____

Family Doctor _____ Phone #: _____

Specialist Doctor: _____ Phone#: _____

Drug Allergies & other allergies: _____

Medical Concerns: _____

Medication presently being taken: _____

I agree to the following: "In consideration of me being allowed to participate in this event, I authorize the Minnesota District Council of the Assemblies of God and the North Star Chapter, Frontiersmen Camping Fellowship to use my likeness in photographs or video in any and all of its publications and in any and all other media. I will make no monetary or other claim against the District or the North Star Chapter, Frontiersmen Camping Fellowship for the use of such photographs or video."

Signature: _____

Print Name: _____ Date: _____