



2013 INTER-TRIBAL JULY 28 - AUG 3 ENERGY & TECH TOUR

MEDICAL & PHOTO RELEASE FORM

PLEASE COMPLETE BOTH SECTIONS of this form and bring it with you on the first day of camp. Each student enrolled must have this form on file with Redbridge, Inc. for camp.

Please Print

Camper Name: _____ DOB: _____ M F

Parent(s) Name: _____

Home Address: _____

Parent Home Phone: _____ Parent Cell Phone: _____

Parent Work Phone: _____ Email: _____

Insurance Company: _____ Policy #: _____

Name of Policy Holder or IHS Contact: _____

Allergies (food or medical): _____

Special Medical Needs: _____

Is Camper Taking any Medications? If so, please list ALL: _____

In the event that an emergency occurs and we are unable to reach you, please provide an alternate contact:

Alternate Contact Name: _____ **Phone:** _____

PARENTAL APPROVAL: I certify that my child has my permission to attend the Inter-Tribal Energy & Tech Tour from July 28 through August 3. To my knowledge there are no health-related reasons or problems that preclude or restrict my child's participation in the camp. I understand that an emergency may develop which necessitates the administration of medical care. Therefore, in the event of injury or illness, I authorize Redbridge, Inc. or it's representatives to secure any appropriate treatment including the administration of anesthetic and surgery. I understand that such treatment shall be solely at my expense.

Parent/Guardian Signature: _____ Date: _____

PHOTO WAIVER: I agree that Redbridge, Inc. has permission to use any photographs or video taken during camp in social media posts and future advertising.

Parent/Guardian Signature: _____ Date: _____



A Native American owned marketing services company