

SUMMIT BIBLE QUIZZING

2019 EMERGENCY MEDICAL/DENTAL WAIVER

Please list all participants, both Adults and Quizzers, from your family who will be participating with Summit Bible Quizzing at the 2019 BQF National Tournament, Kansas City Regional, and the Midland Regional tournament:

_____	Circle: Adult Minor	_____	Circle: Adult Minor
_____	Circle: Adult Minor	_____	Circle: Adult Minor
_____	Circle: Adult Minor	_____	Circle: Adult Minor
_____	Circle: Adult Minor	_____	Circle: Adult Minor

The above have permission to attend and participate in all of the BQF and SBQ 2019 National Bible Quiz tournament activities including the Kansas City and the Midland Regional tournaments. I hereby authorize the staff or designated medical/dental professionals to administer emergency assistance if I cannot be reached. I consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, and any associated travel expense. **I accept full responsibility for payment of expenses incurred as a result of the above.** I also give permission for the above to ride in any vehicle designated by SBQ while participating in activities sponsored by SBQ.

Signed: _____ Date: _____

Emergency Contact information:

1. Name: _____ Phone Number: _____
2. Name: _____ Phone Number: _____
3. Name: _____ Phone Number: _____

Please list any known allergies, special medical information, and any required medications: (If necessary, use the back of this form)

Please mark one of the following:

- _____ I have attached a copy of my medical insurance card below
_____ I do not have medical insurance

Copy both sides of your insurance card here. Use the back of this form if necessary.