

WEST VIRGINIA THREE RIVERS PAGEANT
MEDICAL CERTIFICATE & RELEASE FORM

DELEGATE'S NAME:

Cell Phone: _____

EMERGENCY CONTACT:

Cell Phone: _____

INSURANCE COMPANY:

POLICY NUMBER:

I hereby attest to the fact that I am presently in good physical condition and have no known health restrictions, which would limit my active participation in the pageant.

Medical Information:

List any ongoing medical conditions for which you are currently being treated or taking medication:

List any medication you are currently taking:

List any allergies to medications (e.g. penicillin)

Do you have any of the following conditions: (check only if applicable)

Epilepsy _____

Asthma _____

Diabetes _____

High Blood Pressure _____

Other (please specify) _____

**PARENTAL/DELEGATE CONSENT FOR MEDICAL DIAGNOSIS, TREATMENT, BILLING OF
INSURANCE AND RELEASE OF LIABILITY**

(Parental signature needed for minors and delegates who are on their parents Insurance)

I (we) hereby consent to allow WV Three Rivers Festival, and staff to select a hospital, clinic, or other medical facility that shall be authorized to diagnose and treat:

for any medical problem that may occur during her stay at the WV THREE RIVERS FESTIVAL Pageant. In addition, I (we) hereby give permission to those granting services to bill our Insurance Company listed for any and all services listed. I (we) agree that by participating:

1. There are inherent risks of injury. 2. I (we) knowingly assume those risks and agree to indemnify and hold harmless, the WV Three Rivers Festival Association and Sanders & Associates, Inc., for all injuries sustained, except those caused by the producer's sole negligence.

Print contestant's name Print Parent/Guardian's name

Date

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Date