



MEDICAL RELEASE FORM

**2022 Audrey Walton Youth Leadership Conference
Hosted by the Show-Me STATE GAMES and
The University of Missouri-Columbia**

Name of Participant: _____ **Male:** ____ **Female:** ____

In consideration of my participating in the Audrey Walton Youth Leadership Conference, I, intending to be legally bound, do hereby for myself, educators and administrators, waive, release, and forever discharge any and all rights and claims for damages, including any claims for loss, damages, or injury to my person or property arising out of my participation in the Audrey Walton Youth Leadership Conference, the Show-Me STATE GAMES, the National Sports Governing bodies, the Curators of the University of Missouri, the owner of the site of any activity I may be participating in, their agents, representatives, successors and assigns.

I hereby authorize and consent to any first aid, medication, medical treatment, or surgery deemed necessary in case of emergency.

I understand that I can obtain further information on the program or activity described above by contacting Jessie Sida at: (573) 884-2946 or sidajl@missouri.edu.

Show-Me STATE GAMES: 1400 S. Rock Quarry Rd., Entrance 5; Columbia, MO, 65211.

Please specify any medical allergies or chronic illnesses you may have. Also, please list any medicines that you must take as well as complete instructions of the dosage and frequency. These medications should be made known to the conference staff at the time of arrival. In addition, please note any dietary restrictions (vegetarian, diabetic, kosher, etc.) as well as any other information the staff should be informed of.

Signature of Conference Applicant

Date

Signature of Parent/Guardian

Date

Relationship to Applicant: _____

In case of emergency, call: _____ at _____
Name Daytime Phone # Cell Phone #

Allergies/Medical Conditions/Dietary Restrictions: _____

Medicine(s) to be taken (dosage and frequency): _____