

# EV EDUCATION RALLY

## Personal Liability and Medical Release

This form is required by all children, students, and adults who attend the EV Education Rally. No attendee is allowed to participate unless this form is received by the EV Rally organizers. Parents and chapter advisors: Please make a copy of this completed form for your records.

Name \_\_\_\_\_ Home telephone \_\_\_\_\_

Home street address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Social Security# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Advisor \_\_\_\_\_ School \_\_\_\_\_

City/State/Zip \_\_\_\_\_

### MEDICAL INFORMATION (children and students only)

1. Allergies (drug or otherwise) \_\_\_\_\_
2. Current medication \_\_\_\_\_
3. Describe any history of heart condition, diabetes, asthma, epilepsy, or rheumatic fever, etc.  
\_\_\_\_\_
4. Physician's name \_\_\_\_\_ Physician telephone \_\_\_\_\_

"I hereby agree to release the Electric Vehicle Rally organizers, Electric Vehicle Education Program, Inc., Georgia Power, Jackson EMC, Burke County High School, EV Master, Inc., and EV Club of the South, their representatives, agents, servants and employees from liability for any injury to above and named person at any time while attending the EV Rally activity, including travel to and from the events, excepting only such injury or damage resulting from willful acts of such representatives, agents, servants and employees."

"I do voluntarily authorize the EV Rally's advisors, assistants, and/or designees to administer and/or obtain routine or emergency medical treatment for the above-named person as deemed necessary in medical judgment."

"I agree to indemnify and hold harmless the EV Rally and/or assistants and designees for any and all claims, demands, actions, rights of action, or judgments by or on behalf of the above named person arising from or on account of said procedures or treatment rendered in good faith and according to accepted medical standards."

"I hereby authorize any physician member to the Department of Emergency Medicine of an accredited hospital or any member of the medical staff of an accredited hospital to render medical treatment, which in his/her judgment is deemed necessary in the care of the above named person (child or student) while attending the EV Rally activity, including time traveling to and from the conference."

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's or advisor's signature

\_\_\_\_\_  
Date

**A COPY OF THIS FORM MUST BE KEPT BY THE EV RALLY ADVISORS AT THE RALLY AND GIVEN TO APPROPRIATE MEDICAL AUTHORITIES IN THE EVENT OF A MEDICAL EMERGENCY.**