



**Authorization for Medical Treatment**

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

*For and in consideration of allowing my child (identified below) to participate in the sporting event known as the "Duathlon", which is being cosponsored by the Knoxville Leadership Foundation (KLF), Johnson University (JU) and Wells Fargo (WF), I/we hereby authorize KLF, JU and WF, jointly or severally, by and through their respective authorized representatives, to authorize and consent to medical treatment for any accident, illness or injury occurring to my child while participating in the "Duathlon", and/or which may occur during such event while my child is on the premises of Johnson University, and, as hereinafter provided, hereby release and forever discharge KLF, JU and WF from any damages resulting from undertaking any action whatsoever based upon this authorization and consent.*

**Contact Information for Minor Participant**

Parent/Legal Guardian(s): (List the names of both custodial parents; if only one custodial parent or for guardianships, enclose a copy of the most recent court order granting custody.)

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**Authorization**

I/We, \_\_\_\_\_ and \_\_\_\_\_, (name(s) of each parent with custody of minor or name(s) of each guardian), hereby represent and warrant that I/we are the sole parent(s) or legal guardian(s) of \_\_\_\_\_ (minor's name), that I/we have the authority to enter into this authorization and consent for medical treatment of \_\_\_\_\_ (minor's name). I/we hereby authorize KLF, JU, or WF, jointly or severally, through their authorized representative(s), to seek, obtain, authorize and consent to medical or dental treatment for the above named minor upon any circumstances in which they believe it is reasonably prudent or necessary to do so. I/we hereby authorize any medical or dental services provider to provide consultation, medical treatment and services to the above named minor as may be deemed appropriate under the circumstances. In the event further consent for consultation, medical treatment or services is required, I/we hereby appoint any representative of KLF, JU or WF as my/our agent and attorney-in-fact for the purposes of seeking, obtaining, authorizing and consenting to such consultation, medical treatment and services. To the extent required, I also appoint KLF, JU or WF, jointly or severally through their authorized representative(s), or either of them, as an Authorized Recipient for health care disclosure under the Health Insurance Portability and Accountability Act ("HIPAA"), and authorize any health care provider (a "covered entity" as defined in HIPAA) to use, release and disclose to them my child's identifiable health information in accordance with and as authorized by 45 CFR Sec(s). 164.502(a)(1)(i) and (iv), 164.502(a)(2)(i), 164.524 & 164.528.

I/we hereby provide the following health information, which I/we believe is the relevant information a medical provider should have with regard to the minor's condition in rendering treatment:

Date of last Tetanus shot: \_\_\_\_\_  
Known Allergies: \_\_\_\_\_  
Medications Currently Taking: \_\_\_\_\_  
Any medical or health conditions: \_\_\_\_\_  
Any prior significant medical history: \_\_\_\_\_

In the event the need should arise for any medical consultation, treatment or services for the above named minor while participating in the Duathlon, I/we understand and agree that neither KLF, JU nor WF may have an opportunity to contact me prior to obtaining such medical consultation, treatment and services. I/we hereby supply the following health insurance information in order for any medical provider to obtain reimbursement for their services. I/we hereby agree to pay the provider for any services rendered to the above named minor for which the foregoing insurance does not pay.

Medical Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_  
Subscriber Name and ID No: \_\_\_\_\_  
Authorization of Insurance Company: \_\_\_\_\_  
This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. Signed: \_\_\_\_\_  
State of Tennessee, County of \_\_\_\_\_

**\*Having this Authorization notarized may facilitate the timely provision of medical services.**



## Acknowledgment and Statement of Activities

I have read the promotional material provided to me by KLF, JU and WF regarding the Duathlon, and I understand and acknowledge that the Duathlon is a sporting event and fundraiser sponsored by KLF, JU and WF and that it involves physical exertion, exercise and activity, including running and cycling on public paved roads. I understand that neither KLF, JU nor WF have any control whatsoever over the conditions of the public roadways and that they, jointly and severally, have made no representations of any kind relating to the condition or safety thereof, or the safety of the partly wooded trails, grass and crushed stone running or walking trails, and that any participation in the Duathlon or any of its individual events are undertaken at my or my child's sole discretion and that I/we assume the risk of injury.

Participants are not required to engage in any activity in which they feel they are not able to safely participate and encouraged not to do so should they feel they cannot participate safely.

## Release

### Minor Participants (under the age of 18)

I \_\_\_\_\_ or I/we \_\_\_\_\_ and \_\_\_\_\_, (the parent(s) or guardian(s) with custody of the child named below), hereby represent and warrant that I/we are the sole parent(s) or legal guardian(s) of \_\_\_\_\_ (minor's name), and that we have the authority to enter into this release. I/we have read the foregoing acknowledgement and statement of activities, and understand the extent and nature of the activities in which my/our child will participate in the Duathlon. For and in consideration of allowing my child to participate in the Duathlon, I/we do, by these presents, on behalf of myself/ourselves, and on behalf of the above named minor, hereby release and forever discharge KLF, JU and WF, jointly and severally, including their respective directors, officers, employees, volunteers, administrators, agents, successors, and assigns (which are jointly and severally referred to herein as "KLF, JU and WF"), of and from any and all manner of claims, actions, demands, causes of action, assertions, judgments, executions, and damages arising out of, related to, or in any way otherwise connected with, however remote, the participation of the above named minor in the Duathlon. I/we agree to indemnify and hold harmless KLF, JU and WF, jointly and severally, from any loss or damages incurred or resulting from any claim made against them, or either of them, on behalf of the above named individual or on account of the above named minor which, in any manner, may relate to participation in the Duathlon or the presence on the premises of Johnson University.

Adult or Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, (minor), hereby join in and agree to the release set forth hereinabove. I also agree that I will, at all times, follow all directions and instructions from KLF, JU, and WF with regard to participating in the Duathlon.

Signed (minor): \_\_\_\_\_ Date: \_\_\_\_\_

### Adult Participant (over the age of 18)

I, \_\_\_\_\_, have read the foregoing acknowledgment and statement of activities, and understand the extent and nature of the activities in which I will participate. For and in consideration of allowing me to participate in the Duathlon, I hereby release and forever discharge KLF, JU and WF, jointly and severally, including their respective directors, officers, employees, volunteers, administrators, agents, successors, and assigns (which are jointly and severally referred to herein as "KLF, JU and WF"), of and from any and all manner of claims, actions, demands, causes of action, assertions, judgments, executions, and damages arising out of, related to, or in any way otherwise connected with, however remote, my participation in the Duathlon. I agree to indemnify and hold KLF, JU and WF, jointly and severally, harmless from any loss or damages incurred or resulting from any claim made against them, or either of them, on account of my participation in the Duathlon or my presence on the premises of Johnson University.

This is the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_