ATTACH A COPY OF YOUR INSURANCE CARD (FRONT & BACK) HERE →

DAUPHIN ISLAND SEA LAB MEDICAL/PERSONAL LOSS RELEASE FORM

This is to certify that _____ is free from sickness or disabilities which
Print Participant's Name
would make participation in any form of activities at the DISL/MESC dangerous or inadvisable. This health statement is correct as far as I know, and the person herein named has permission to engage in all prescribed Sea Lab activities, except as noted by me (parent/guardian of minor) or a physician. In case of emergency, I understand every effort will be made to contact parents/guardians of the participant. In the event they cannot be reached, I hereby give permission to the physician selected by the Sea Lab Staff to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for person herein described.

_____ Above named has no known allergies/medical conditions:
_____ Above named has the following allergies/medical conditions:

_____

_____

Date of participant's last tetanus shot? _____
Participant is covered under the following medical insurance policy(ies):

Insured's name _____

Insurance company _____ Policy number _____

Additional policy name and number _____

Insured's date of birth _____

In an emergency, please contact: Name: _____

Phone: _____

Relationship: _____

DISL/MESC will not be responsible for the personal injury, medical bills obtained from personal injury/sickness, or loss of property, unless caused directly by the negligence or willful acts or omissions of DISL/MESC. The execution hereof by the participant (parent/guardian of minor under age 19) constitutes an agreement to hold MESC harmless for such injury or loss.

Parent/guardian's signature _____

Date _____

Affix seal here

Sworn to and subscribed to me this _____ day of _____, 20____

Notary Public _____

State of _____

County of _____

Commission Expiration _____