



ARKANSAS ELECTRIC VEHICLE RALLY

Personal Liability and Medical Release

This form is required by all children, students, and adults who attend the 2010 Electric Cooperatives of Arkansas Electric Vehicle Rally. No attendee is allowed to participate unless this form is received by the Electric Cooperatives of Arkansas 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 Cooperatives of Arkansas Electric Vehicle Rally organizers, EV Master, Inc., Electric Vehicle Education Program, Inc., Electric Cooperatives of Arkansas, Arkansas Valley Electric Cooperative Corporation, Clay County Electric Cooperative Corporation, and Pulaski Technical College, their representatives, agents, servants, and employees from liability for any injury to above named person at any time while attending the Arkansas 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 Electric Cooperatives of Arkansas 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 Electric Cooperatives of Arkansas 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 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 Electric Cooperatives of Arkansas 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.