

The Way Retreat Center Medical Authorization and Waiver

Participant Group Name: _____

Event Date(s): _____

Participant Information (Please Print in Ink)

Name: _____

Gender (circle one): M F

Address: _____

Age: ____ Date of Birth: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email Address: _____

Check here if you do not wish to receive updates from The Way:

Emergency Contacts (Parent or Legal Guardian if Participant is under 18)

Name: _____ Relationship: _____

Cell Phone: _____ Work or Home Phone: _____

Alternate Name: _____ Relationship: _____

Cell Phone: _____ Work or Home Phone: _____

Doctor and Insurance

Primary Care Doctor: _____ Phone: _____

Insurance Carrier: _____ Policy Number : _____

Group Number: _____ Phone: _____

Current Health Information

Bee or Insect Stint Allergies: _____ Treatment for Past Stings: _____

Drug Allergies: _____

Food Allergies: _____

Medications (All medications must be in the original containers labeled with doctor's instructions):

Participant Group Name: _____
Event Dates: _____

Medical Authorization and Insurance Coverage

The health information I have provided on this form is correct, to the best of my knowledge. In the event my emergency contact(s) cannot be reached in an emergency during the event dates listed on this form, I **HEREBY GIVE PERMISSION** to The Way Retreat Center (“The Way”) Staff to hospitalize, secure proper treatment, or contact my physician as deemed necessary. I **AGREE** that photocopies or faxes of this completed form are to be considered legally valid and binding for trips off The Way property. I **AGREE** that any and all expenses incurred due a medical emergency will be my sole responsibility.

Assumption of Responsibility

I **AGREE** to assume full responsibility for my actions and their consequences during my attendance at The Way, including, without limitation, any injury to myself or property. I **AGREE** to follow The Way’s Code of Conduct, as provided to me by the staff of The Way.

Photography and Video

I **AUTHORIZE** the use of any photos, videos, interviews or written quotes from evaluations or letters relating to my experience at The Way to be used for promotional and commercial purposes, unless otherwise agreed to beforehand.

Waiver of Liability

I **HEREBY RELEASE** and agree to **INDEMNIFY, DEFEND AND HOLD HARMLESS** The Way, its Board of Directors, officers, directors, employees, agents, volunteers, land owners, municipality and/or governmental agency upon whose property the activity is conducted, from any and all liability, claims, losses, costs, expenses (including without limitation attorney fees) or demands (except those arising from the gross negligence or willful misconduct of the aforementioned parties) that I, my heirs, executors, trustees, administrators, assignees, distributees, personal or legal representative(s) and/or all members of my family, may now have or in the future make against such parties as a result of or related to any injury loss, death or damage of any kind whatsoever resulting from the undersigned’s participation while at The Way.

Acceptance

I **HAVE READ, UNDERSTOOD AND ACCEPTED** the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding.

Participant Printed Name: _____ Date: _____

Participant or Legal Guardian Signature: _____
(Parent or Legal Guardian Signature Required if Participant is under 18)

Relationship to Participant: _____

The Way Retreat Center
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