



# INTERNATIONAL STUDY PROGRAMS

P. O. Box 160

Blue Mountain, Mississippi 38610

## ACTIVITY/MEDICAL INFORMATION Form 2.26.02

I. ACTIVITY: \_\_\_\_\_  
\_\_\_\_\_

II. DEPARTURE DATE: \_\_\_\_\_ RETURN: \_\_\_\_\_

III. PARTICIPANT (RELEASE) INFORMATION:

Name: \_\_\_\_\_ S.S.N. \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_

IV: EMPLOYER:

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

V. PERSON(S) TO NOTIFY IN CASE OF EMERGENCY:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

ALTERNATE PERSON TO NOTIFY:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

VI. MEDICAL/HOSPITALIZATION INFORMATION

Insurance Carrier (Company) \_\_\_\_\_ Insured Group (Employer) \_\_\_\_\_

Name of Insured (Name of Policy) \_\_\_\_\_ Policy No. \_\_\_\_\_

Personal Physician to Contact if Needed \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

LIST ANY ALLERGIES, CURRENT MEDICATIONS OR OTHER PERTINENT MEDICAL INFORMATION.

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(OVER PLEASE)

**RELEASE**

In consideration of being permitted to participate in the activity described in Item I on this page during the period of time indicated in Item II on this page, said activity being conducted by Blue Mountain College of Blue Mountain, Mississippi. I/we do hereby release, waive and discharge Blue Mountain College, its officers, trustees, staff members, campus directors, group leaders, group employees, faculty and agents from all liability to me, my spouse, legal representatives, heirs and assigns for any and all loss or damage, and any claim or damages resulting therefrom, on account of injury to my person or property during the course of my participation.

I/we agree to indemnify Blue Mountain College from any loss, liability, damage or cost that may be incurred during the course of my participation.

I/we authorize Blue Mountain College to take whatever action warranted under the circumstances relating to my health and safety and shall not hold Blue Mountain College responsible for such decisions or actions.

I further authorize Blue Mountain College and its agents at their discretion, without obtaining any further consent, to arrange such medical services and treatment as may be deemed necessary for me at the sole risk and expense of the participant. If deemed necessary or desirable by Blue Mountain College, I may be returned to the United States by commercial airlines or other means at my own risk and expense for medical treatment. *Participants are strongly advised to take out an insurance policy to cover such risks.*

By participating in this activity, I consent to the use of my photograph, comments or photographic likeness for publicity purposes by Blue Mountain College. BMC students shall comply with policies in the current issue of the *Blue Mountain College Undergraduate Student Handbook*.

I/we expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of my resident state, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

This release contains the entire agreement between the parties hereto and the terms of the release are contractual and not a mere recital. Participants further state that he/she has read the foregoing release and knows the contents and signs as his own free act.

In witness whereof, I hereby execute this release at BLUE MOUNTAIN COLLEGE, Blue Mountain, Tippah County, Mississippi the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature \_\_\_\_\_  
Participant

Signature \_\_\_\_\_  
Parent/Guardian of Participant if under 18

Signature \_\_\_\_\_  
Spouse or Next of Kin

October 07, 2011