



Medical Release and Emergency Authorization

Please return to Volunteer Office via **Email:** ksc.volunteer@louisvilleky.gov or
Mail: Attn: Volunteer Office, Kentucky Science Center, 727 W Main St., Louisville, KY 40202

Name: _____	Date: _____
Preferred Phone Number: _____	Birth Date: _____

In case of an emergency, please contact:

Name: _____ Relationship: _____

Home Phone: (____) _____ Work Phone (____) _____ Cell Phone: (____) _____

Name: _____ Relationship: _____

Home Phone: (____) _____ Work Phone (____) _____ Cell Phone: (____) _____

Please list any medical problems that could limit the volunteer from doing any specific assignment or activity at the Science Center: _____

In the event that attempts to contact the emergency contacts listed above do not work, the undersigned gives permission for the administration of any treatment deemed necessary by:

Dr. _____ Phone: (____) _____

In the event the designated the practitioner/s is not available, volunteer should be transferred to
(Preferred hospital) _____, or any hospital reasonably accessible.

Facts concerning your medical history including allergies, medications being taken, and any physical impairments to which you would like the Science Center staff to share with an EMT, physician or dentist: _____

The UNDERSIGNED is covered by personal health and accidental insurance as listed below:

Insurance company _____ Policy number _____

In consideration for value received, receipt being acknowledged, I give the Kentucky Science Center, its agents, customers, and assigns, right an permission to use pictures of me in original, composite, or altered form and reproductions thereof, for advertising and general commercial purposes or any other lawful purpose; and I waive my inspection or approval of such pictures or advertising copy.

The UNDERSIGNED understands that the volunteer is covered by the Science Center’s liability insurance, but not by health, accident or life insurance, workman’s compensation, or social security through the Science Center. We further understand that if a staff supervisor requests the volunteer to perform a task that exceeds the volunteer’s physical capabilities, the volunteer is responsible for declining the assignment.

As used herein, “the Science Center” shall include the Kentucky Science Center, its visitors, agents, employees, directors, volunteers, members, and sponsors. The UNDERSIGNED shall be the father and/or mother, or the guardian, or the volunteer age 18 years or older.

Volunteer Signature

Date

Parent/Guardian Signature

Date