

# Calvin Coolidge Presidential Foundation Coolidge Debate Program

## MEDICAL RELEASE STATEMENT

Participant's Name. (Please Print)

\_\_\_\_\_  
(Last) (First) (MI)

Address. \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

In case of emergency, please contact \_\_\_\_\_

Relationship to participant \_\_\_\_\_

Phone (HM) \_\_\_\_\_  
(WK) \_\_\_\_\_

I consent to my child or ward's participation in the Calvin Coolidge Presidential Foundation Coolidge Debate Program. I realize that there are risks of bodily harm inherent within the program activities. I hereby agree to indemnify and hold harmless the Calvin Coolidge Presidential Foundation, its employees, volunteers or agents for any loss or damage through personal injury or otherwise whether or not the loss or damage is caused by negligence of the Calvin Coolidge Presidential Foundation, its employees, volunteers or agents, and claims arising from any accident or sickness to my said child or ward while participating in the said program.

In case of emergency, I understand that every effort will be made to contact me: however, I hereby give my permission to the physician selected by the Foundation to hospitalize and/or secure proper treatment for my child or ward named above.

\_\_\_\_\_  
Signature of parent or guardian Date

Emergency Contact No. \_\_\_\_\_

Name/Type of Insurance \_\_\_\_\_

Insurance # \_\_\_\_\_

List ALL illnesses, allergies, or medications being taken. Please include dietary restrictions:

\_\_\_\_\_  
\_\_\_\_\_

# Calvin Coolidge Presidential Foundation Debate Program

## MEDIA RELEASE

I hereby grant permission to the Calvin Coolidge Presidential Foundation to use my child or ward's photograph, video, or image on its World Wide Web site or in other official printed publications without further consideration, and I acknowledge the Foundation's right to edit or treat the photograph or video at its discretion. I also acknowledge that the Foundation may choose not to use my photo or video at this time, but may do so at its own discretion at a later date.

I also understand that once my child or ward's image is posted on Coolidge Foundation website, the image can be downloaded by any computer user. Therefore, I agree to indemnify and hold harmless from any claims all employees, volunteers, and agents of the Calvin Coolidge Presidential Foundation. The Calvin Coolidge Presidential Foundation reserves the right to discontinue use of photos without notice. For additional information, please refer to the Coolidge Foundation's privacy policy on its website.

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Signature of Debate Participant

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Date

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Signature of Parent or Legal Guardian  
(Required if student is under age 18)

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Date