U.S. DEPARTMENT OF ENERGY
2013 TENNESSEE SCIENCE BOWL
ADULT PARTICIPATION FORM

Name: _____ School: _____

1. MEDIA RELEASE: To promote, evaluate, or otherwise describe the DOE's training and educational programs and activities, I give permission to the Department, its agents, Oak Ridge Associated Universities (ORAU), and the Oak Ridge Institute for Science and Education (ORISE) to photograph me and/or obtain interviews during the 2013 Tennessee on February 22-23, 2013, and to use in connection with any publication (including but not limited to brochures, booklets, videotapes, reports, press releases, Web sites, and exhibits) any image or recording in which I appear; to use and cite any comment(s), verbal or written, made by me about the program; and to use my name in connection with any publication and in such manner as determined by the DOE, ORAU, or ORISE.

2. LIABILITY RELEASE: I hereby release and discharge the DOE, ORAU, ORISE, the United States Government, their officers, agents, servants, and employees, and persons, firms, or corporations contracting with, or acting on behalf of, the DOE or the United States Government with respect to all activities associated with the DOE 2013 Tennessee Science Bowl competition, as well as their heirs, executors, administrators, successors, or assigns, from any cause of action of any nature whatsoever arising from my participation in any and all activities associated with the DOE 2013 Tennessee Science Bowl competition.

ADULT CONFIDENTIAL MEDICAL INFORMATION AND EMERGENCY NOTIFICATION INFORMATION

Chronic Medical Conditions: _____

Allergies (including food): _____

Current Medications: _____

Emergency Contact Name: _____ Phone Numbers: _____

Health Insurance Carrier: _____ Policy Number: _____

Name of Policy Holder: _____ Carrier Phone Number: _____

3. MEDICAL TREATMENT AUTHORIZATION: I hereby authorize and consent to the administration of all medical and/or surgical treatment(s) to me by a licensed physician, nurse or hospital in the event I am not able to consult with the attending physician(s), attempts to communicate with me or my emergency contact have been unsuccessful, and the attending physician(s) deem it advisable to proceed with such treatment(s).

_____ Date of Birth: _____
(Print Name of Adult)

_____ Date: _____
(Signature of Adult)