

**CONFIDENTIAL**

**2019 GAFF-n-GO LINEMAN'S RODEO / EQUIPMENT OPERATOR'S RODEO**  
**PARTICIPANT'S EMERGENCY MEDICAL FORM AND RELEASE INFORMATION**

Please fill out this form legibly by hand, with a pen-and-ink signature at the bottom. Scan it, and upload a PDF into the registration form as part of the registration process.

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

Date of Birth: \_\_\_\_\_

**Instructions:** Please complete one form for each participant in the 2019 Gaff-n-Go Lineman's Rodeo and/or Equipment Operator's Rodeo (hereinafter "Lineman's Rodeo"), whether the participant is a lineman (apprentice or journeyman), an equipment operator, or a judge. **This form is required for anyone who is taking part in Lineman's Rodeo activities as a participant. Should a participant be injured or otherwise require emergency medical attention, emergency medical personnel need your basic medical information.** We ask that you also provide contact information for someone who can make health care decisions on your behalf in an emergency (or who knows your wishes or the contents of an applicable advance directive). Please complete each section or check the relevant box. Attach additional pages if needed. This form will be used only for purposes related to the Lineman's Rodeo or in the event of an emergency. Assuming it is not needed, this form will be destroyed no later than three months after the Lineman's Rodeo has concluded.

**Releases & Medical Authorization:** Your employer, may, optionally, ask you to sign an additional release form prior to the Lineman's Rodeo on its own behalf. This may be done in advance. The "Association Release & Indemnification Agreement," a copy of which is enclosed with the registration materials for you to read and review, is to be signed as part of the registration process. As part of this **required** "Association Release," you authorize emergency medical treatment on your behalf, should you be unable to consent to such treatment, to be instituted without delay as the judgment of on-site medical personnel may dictate.

**Medical Information:** Please provide any basic medical history information that might be useful in a medical emergency, including (without limitation) any information about chronic conditions, such as asthma, diabetes, hypertension, or cardiac conditions.  
Check here if none to report →

**Limitations:** Please list any limitations on emergency medical treatment, such as religious restrictions on receiving blood or blood products.  
Check here if no limits on treatment →

**Current Drugs:** Current medications you are taking, and why? **Please list here and bring with you to the Lineman's Rodeo any emergency medications, such as an asthma inhaler or an EpiPen for allergic reactions.**  
Check here if not currently taking any medications →

**Allergies:** Any drug, food, plant, or insect bite allergies? Check here if none to report →

**Emergency Contacts:**

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Second Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**I certify that this information is true and correct.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date