

H/A & Medical Questionnaire & Waiver

Registration Name:

Memb. # _____

Address:

City:

State:

Zip: -

Country:

Date of Birth: / /

Social Security Number: - - -

My Helper will be:

Memb. #

Address (if different):

City:

State:

Zip: -

Country:

I Will Need The Following Publications For the Vision-Impaired:

- OverSize Print (OSP) Braille Cassette Format Talking Book (CfTB) of the:
 Progress Reports Program Book OSP map of the Hotels
 Short Form Pocket Program (OSP & Braille) Long Form Pocket Program (OSP & Braille)

I will need The Following Equipment:

- Occasional Help Standard Wheelchair Heavy Duty Wheelchair
 3-Wheeler Cane Crutches Other
for: a short time duration of the Convention

I Will Want H/A Seating For/At:

- Vision-impaired Footstool Speech Reader ASL Sign Reader Service Dog
 Wheelchair/Scooter
For myself and: my helper my family, numbering: ___ (spouse, babies/toddlers **only**)
at: Opening Ceremonies GoH Speeches Awards Masquerade
 Closing Ceremonies Other

I will also need help with:

- I'm a convert! (recently fell/hit by car/had surgery, etc.....), so I'll need all the tips you can give me!

Volunteers & Gofers

- I am willing to work as a "Strong Body".
 I am willing to work, my limitations are:
 I am volunteering to help as an A.S.L. Interpreter, Level ___ and will work at:.
 Opening Ceremonies GoH Speeches Awards Masquerade
 Closing Ceremonies Other

Medical Section

Medical Condition (list which condition(s) may cause problems):

Medications Being Taken (Prescription and/or over-the counter and dosages):

Medication, Food, and Other Allergies:

Medical Background (list all conditions):

Require refrigeration for Medication? No Yes
Blood Type Group Rh; Able/Willing to Donate? No Yes
Health Insurance Group Policy #

In Emergency, Contact:

At the Convention: Name: _____
Hotel: _____

Room #: _____

At Home: Name: _____
Relationship: _____
Phone #: () -

Personal Physician: Dr. _____
Phone #: () -
Other Physician: Dr. _____
Phone #: () -

Waiver of Responsibility

I hereby agree to hold harmless from any lawsuit, absolve & release from responsibility and blame the Convention, its Members, Staff & other Volunteers for any accident or injury which might occur while I am in attendance at their Convention, or while using rental equipment procured by the Convention. This absolves neither the facilities nor the rental agencies from their legal obligations.

I further agree to hold blameless from lawsuit, absolve and release from responsibility and blame, any person -- whether a Volunteer, Staff Member or Convention Member -- who renders First Aid or other Medical Assistance to me, and acts within the limits of their training, with reasonable care and caution.

Signature _____ Date _____