

Send this SIGNED release along with your payment to Yearbook Management Team, 3798 Fujiyama Way, Redding, CA 96001.
Your registration is NOT complete until we receive a signed copy of this form.

Student Medical Information and Release

In consideration of the educational opportunity provided, the above student or adult, I/we the parent(s), legal guardian(s), or spouse of the above named person, or myself, do hereby hold harmless, release and forever discharge Jostens, Inc., Jostens Representatives, Creative Accounts Manager and Jostens Yearbook University Workshop at which the workshop described herein will be held, and their officers, agents and employees from any and all claims, demands, liability, actions, causes of action attorney fees and expenses on account of damages to personal property or personal injury which may result from causes beyond the control of, and/or without the fault or negligence of Jostens, Inc. the named sales representatives and employees, during the workshop. I/we also give permission that medical attention be administered to the above named or myself in case of emergency. I/we understand that any medical assistance of a more serious nature will be brought to our/my attention as conditions permit. I understand that the emergency contact will be notified as soon as such communication can be made. In the event of emergency illness or accident, this form authorizes the administration of medical or surgical treatment deemed necessary by a licensed M.D. or the individual named above. Should religious or other considerations prevent such permission, the individual must present, in lieu of this form, a statement absolving Oregon State University and/or Jostens Yearbook University of any medical liability. Information contained herein will remain confidential.

Student Last Name	Student First Name	
Parent/Guardian Last Name	Parent/Guardian First Name	
Street Address		
City	State	Zip
Home Phone	Parent/guardian e-mail	
Please list any pertinent medical information applicable to allergies, nervous disorders, heart trouble, diabetes, epilepsy, etc.:		
List regular medication that the student is taking at this time:		
Please list health insurance carrier and policy number		
Please include any additional information that you feel may be pertinent to the student's safety and well-being while he or she is attending Jostens Yearbook University Workshop on a separate piece of paper and attach it to this medical release.		
Signature of Parent/Guardian		Date

Must be signed 