

**Missouri State Society Daughters of the American Revolution**  
**2027 Bluebird Tour Release and Medical Information**

(Save this document to your computer, complete the form and save. When completed, print the form and mail to Marylou Darnell, Bluebird Transportation Co-Chair, 102 Glennon Heights Rd, Crystal City, MO 63019-1109.

Name: \_\_\_\_\_ Chapter: \_\_\_\_\_

I (print full name): \_\_\_\_\_ am participating in the Missouri State Society Daughters of the American Revolution ("MSSDAR") 2027 Bluebird Tour from June 18, 2027, through Tuesday, June 29, 2027

I have reviewed the Schedule of Events for the Tour. I acknowledge that I have no physical limitations that prevent me from participating in the Tour or its events, including getting on and off, and riding on a bus, or walking. I certify that I am able to care for myself during this the Tour. I accept any and all risks associated with the travel and participation in the Tour and its events.

I agree for and on behalf of myself, my dependents, heirs, legal representatives, executors, and/or trustees to release and hold harmless MSSDAR, its officers, directors, members and employees, and the Chairperson(s) of the Tour (collectively "MSSDAR Group"), from and against any and all claims, actions, demands, attorneys' fees, and all other expenses or costs relating to or incidental to any injury, illness or harm that might occur to me while on the Tour. I understand and acknowledge that I, individually or through my health insurance, am solely responsible for any and all costs relating to or incidental to any injury, illness or harm that might occur to me while on the Tour, including, but not limited to doctor or hospital expenses, emergency transport, prescription medication, and other incidentals relating to my health, and that in no event will the MSSDAR Group pay for any such costs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness to my Signature (non-relative): \_\_\_\_\_

Printed name of witness: \_\_\_\_\_

Emergency contact while I am on this tour (full name, relationship to me, location, and telephone number):

Primary Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

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

Secondary Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

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

In case of emergency, are there any medical conditions or surgical history you have which you would like us to be made aware of for the purpose of notifying paramedics? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please list:

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Please list the name of your primary physician/Health Care Provider you would like notified in case of a major illness or accident if you are unable to make the request at the time:

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Provider's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

**Are you allergic to any medications? If so, please list all medications that you are allergic to here.**

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**Please list all medications you are currently taking; include the dosage and frequency of each.**

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**It is also suggested that you have a list of your regular prescription medication(s) and dosage, to be carried in your wallet and also let your roommate know where it is located in case of emergency!**

**Do you have any food allergies, or any other types of allergies such as bee stings that we need to be aware of:**

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**Please list any medical equipment that you will be taking with you. Please check with one of the Bluebird Co-Chairs if you are in doubt of being able to take a certain medical device before registering:**

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