

**2018 BIG 33 BUDDY INSURANCE AND WAIVER FORM**

**Each participant is required to provide a front & back copy of their insurance card.**

<b>Participant Name:</b>	<b>Age:</b>	<b>Date of Birth:</b>
<b>Address: City, State, Zip:</b>		<b>Home #:</b>
<b>Father/ Guardian's Name: Address (if different from participant):</b>		<b>Cell #:</b>
<b>Mother/Guardian's Name: Address (if different from participant):</b>		<b>Home #:</b>
<b>Physician's Name and Office Phone:</b>		<b>Cell #:</b>
<b>Name of Insurance Company:</b>		<b>Allergies:</b>
Primary health/accident insurance for ALL Big 33 Football Classic participants is required and the responsibility of each parent/guardian. The Big 33 Football Classic does not provide primary insurance coverage however, carries an "excess" accident policy covering the practices and game events.		

The participant will be provided with appropriate medical care deemed necessary by the Big 33 medical staff and will be taken to the nearest hospital if needed. If the participant is taken to the hospital, please indicate the following:

Call participant's (please circle one) **mother father both guardian**

Other (please explain and list contact information) \_\_\_\_\_

The Big 33 organization, including directors, advisors, sponsors, volunteers and all the people who assist in the operations of all Big 33 activities, will not be held responsible for bodily injury or damage of any Big 33 participant. All medications, if needed, will be dispensed by a parent or parent approved chaperone or legal guardian.

In permitting the athlete to participate in the Big 33 Football Classic, I am specifically granting permission, (both during and anytime after), to The Big 33 to use the athlete's likeness, name, voice and words in television, radio, film, newspapers, magazines and other media, and in any form, for the purpose of advertising or communicating the purposes and activities The Big 33 and/or applying for funds to support those purposes and activities.

By signing this statement, a parent or legal guardian does relinquish the right to file suit in the event of injury while traveling to and from or during participation in the Big 33 event(s).

I have read the above release form and accept responsibility for: \_\_\_\_\_  
*Name of Participant*

\_\_\_\_\_  
*Parent or Guardian Signature*

\_\_\_\_\_  
*Date*

On the back - Please list any medication needs that we should be made aware of. This is very important in order for us to be proactive in treating your participant. List medication participant is currently receiving along with dosage.

**Please return form to the Big 33 office by June 1st!**

**Big 33**  
 1840 Fishburn Road  
 Hershey, PA 17033  
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 Fax: 717-412-1548  
 Email: craup@big33.org