



Freedom Ride, Inc.

Participant Registration Information – please write clearly in ink.

Rider Full Name: _____ Date of Birth: _____

_____/_____/_____
Address *City* *Zip*

Home Phone: _____ Cell Phone: _____ Alt#: _____

E-mail address: _____

[] Parents or [] Guardian: _____

Address: _____

Father / Guardian Employer: _____ Phone: _____

Mother / Guardian Employer: _____ Phone: _____

Caregiver Name & Phone number: _____

School or Institution presently attending: _____

Photo Release

I hereby consent to and authorize the use and reproduction by Freedom Ride and the City of Orlando of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities or for any other use for the benefit of the program.

Signature: _____ **Date:** _____
Adult Signature: Parent or Legal Guardian for Minor Child

Rider Authorization for Emergency Medical Treatment

In the event emergency medical aid/treatment is required, due to illness or injury, during the process of receiving services or while being on the property of the agency, I authorize Freedom Ride to:

1. Secure and retain medical treatment and transportation, if needed
2. Release client records upon request to the authorized individual or agency involved in the emergency medical treatment.

I give consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if the person below is unable to be reached.

In an emergency, Contact: _____ Phone: _____

Contact: _____ Phone: _____

Physician Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Co.: _____ Policy: _____

Signature: _____ **Date:** _____
Adult Signature: Parent or Legal Guardian for Minor Child