

**Santa Rosa Quilt Guild  
2011 Trip Release Form**

**Trip/Event: Pacific International Quilt Festival XX**  
**Date of Trip/Event: 13 October 2011**  
**Name:**

Liability Release: I hereby release and indemnify Santa Rosa Quilt Guild from all liability arising from or related to any trip, excursion, or event during 2011. This includes, but I not limited to, all liability for damages resulting from the active or passive negligence of Santa Rosa Quilt Guild, its agents and contractors, either paid or unpaid.

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Participant Signature

Date

## Medical Information

Date:

<b>Name:</b>
<b>Dr. Name:</b>
<b>Dr. Address:</b>
<b>Dr. Telephone:</b>
<b>Medical Insurance Co #1:</b>
<b>Medical Insurance Co #2:</b>
<b>Policy Number #1:</b>
<b>Emergency Contact #1:</b>
<b>Telephone #:</b>
<b>Policy Number #2:</b>
<b>Emergency Contact #2:</b>
<b>Telephone #:</b>
<b>Treat: YES / NO</b>

**Allergies:**

**Comments:**

**For CONFIDENTIALITY – Please place in a sealed envelope with your name on the front and give to one of the Bus Escorts. At the end of the trip the unopened envelope will be returned.**

**Thank you**