

Counter Cultural 2022 Conference

Medical Waiver

Please print

Name: _____

Address: _____

DOB: ____ / ____ / ____

Allergies: _____

Medical Information: _____

Medication: _____

Emergency Contact:

Relation: _____

Phone Number: _____

By signing below, I attest that all my medical information is up-to-date, accurate, and honest. I understand that I am making Counter Cultural aware of any and all pertinent medical information, and I will not hold Counter Cultural liable for any medical emergency I may undergo while at the 2022 Counter Cultural conference. I understand that Counter Cultural has been made aware and is thoroughly conscious of any and all medical needs I have. I understand that I am responsible for being aware of my medical needs while at the 2022 Counter Cultural conference, and that responsibility is not shared in any way with Counter Cultural. If need be, I agree to allow the on-site medical personnel at the 2022 Counter Cultural conference to attend any medical emergency I may undergo. I also understand that Counter Cultural is aware of COVID-19 and is taking every precaution against its spread. By signing below, I agree that if I should test positive for COVID-19 or any of its variants, it is not through any fault of Counter Cultural, and I will not hold Counter Cultural responsible.

Name (print): _____

Name (sign): _____

Date: _____