

**Please mail this Registration Form and the Medical Release form
along with your check to: Sherry Adkins, 3411 108th St., Lubbock, TX 79423**

**Ogallala Quilters' Society
Fall Retreat Medical Release Form**

We are aware of the Patient Privacy Act and understand if you choose not to disclose this information. However, we want to make sure you are taken care of correctly if the need arises. This form is filed and used for emergency purposes only.

I, _____ release Ceta Canyon and the Ogallala Quilters' Society of any responsibility for accidents that occur while visiting the facilities. I do release medical information inquired below in case of accident and if it is needed for those purposes.

In case of emergency:

Please contact:

Phone:

Name of Family Physician:

Phone:

Preferred Hospital

Do you have any allergies or medical conditions we need to be aware of?

List any medications you might be taking at this time:

Signature _____ Date _____
(Your signature is required)