



2024 Emergency Information Form

UPDATED FORM REQUIRED EACH YEAR

Name: _____

Address: _____

Phone: _____

Emergency Contacts:

Name: _____

Name: _____

Phone: _____

Phone: _____

Phone: _____

Phone: _____

Relationship: _____

Relationship: _____

Medical Information:

Please list any medical conditions, past or present, and any medications you are on that we should be aware of that could cause concern during your trip:

Doctor's Name: _____

Doctor's Phone: _____

ALL MEDICAL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.

Medical Emergency Waiver

I hereby waive and release Bank of Sun Prairie, their employees, representatives and agents from all liability, claims or demands, without limitation, for actual or alleged claims, damages and injury arising from a medical emergency arrangement that becomes necessary while participating in activities, events or travel sponsored by Bank of Sun Prairie. I agree to hold Bank of Sun Prairie harmless, without limitations as to amount, against all liabilities, claims, causes of action and demands for personal injury. Property damage or any claim of whatever nature or kind, arising from said medical emergency, together with any resulting costs and legal fees, arising out of or caused by an act or omission or alleged act or omission by Bank of Sun Prairie. I sign this document to bind my assigns, heirs, and representatives of my estate. I am of legal age and am legally competent and I understand that the terms set forth are contractual and not a mere recital. I sign this document of my own free act and deed.

Signature: _____

Print Name: _____

Date: _____