

**AMERICAN NUMISMATIC ASSOCIATION HEALTH/EMERGENCY FORM
ANA SUMMER SEMINAR**

Last Name	First Name	Birthdate
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Home Address

City	State	Zip
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Home Telephone #	E-Mail Address
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1. Please list health conditions, medications, allergies or other information we ought to know prior to emergency treatment.

2. Whom could we notify in case of an accident or medical emergency? Please list an individual other than someone traveling with you.

Name _____ Relationship _____

Telephone Number _____

3. Please give us the name of your health/accident insurance carrier.

Name of Carrier	Policy number
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Signature (parent signature if under 18)	Date
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RELEASE OF LIABILITY

"In consideration of my being given the opportunity to attend the American Numismatic Association Annual Summer Seminar at Colorado Springs, Colorado, and engage in the activities offered, I hereby assume all risk of loss or casualty which may occur during my attendance. I hereby release and forever discharge the American Numismatic Association, its officers, employees, instructors, agents, and members from any and all claims and liability for personal injuries and property loss or damage, which may arise, by negligence or otherwise, from or during my participation or attendance at said Seminar, and during my travel thereto and therefrom; except, however, that I do not hereby release any individual from liability for any personal injury or property loss or damage resulting from his or her personal negligence or wrongdoing. I execute this Release knowingly and voluntarily."

Signature (parent signature if under 18)	Date
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