



ICE USA, INC.

1 Year Registration

Individual

Family

Instructions:

INDIVIDUAL - Fill out MEMBER 1 information as applies to the individual. List Emergency Contact Information in preferred calling order. Sign Registration, and return original to ICE USA, INC.

FAMILY - Fill out MEMBER 1-5 information as applies to household. MEMBERS must reside in the same household or be full-time enrolled student. List Emergency Contact Information in preferred calling order. Sign Registration/ Authorization, and return original to ICE USA, INC.

Member 1

Address

City Zip Code

Daytime Phone (.....)..... Evening (.....).....

Cell / Pager e-mail

Blood Type Medical Allergies

Medical Conditions

Medical Information Donor Yes No

RELIGIOUS wishes or expression

Age Relationship

Family Member 2

Phone Number Blood Type

Medical Allergies

Medical Conditions

Medical Information Donor Yes No

Age Relationship

Family Member 3

Phone Number Blood Type

Medical Allergies

Medical Conditions

Medical Information Donor Yes No

Age Relationship

Family Member 4

Phone Number Blood Type

Medical Allergies

Medical Conditions

Medical Information Donor Yes No

Age Relationship

Family Member 5

Phone Number Blood Type

Medical Allergies

Medical Conditions

Medical Information Donor Yes No

Age Relationship

Emergency Contacts Information

Contact #1

Name

Address

City Zip Code

Daytime Phone (.....).....

Evening (.....).....

Cell /Pager

E-mail

Relationship

Contact #2

Name

Address

City Zip Code

Daytime Phone (.....).....

Evening (.....).....

Cell /Pager

E-mail

Relationship

Contact #3

Name

Address

City Zip Code

Daytime Phone (.....).....

Evening (.....).....

Cell /Pager

E-mail

Relationship

Contact #4

Name

Address

City Zip Code

Daytime Phone (.....).....

Evening (.....).....

Cell /Pager

E-mail

Relationship

By Signing below I have read and understand the Terms and Conditions on the reverse side of this registration form.

Customer Signature

Please allow 2-4 weeks to receive the ICE USA, INC. membership package.

Each member will be assigned their own ICE USA, INC. identification number that will appear on each ICE USA, INC. form of emergency identification.

Each Member to receive:

One (1) ICE Identification Card

One (1) ICE Alert Sticker

Two (2) Key Fobs

Two (2) Vehicle Decals

Terms:

I understand that by signing this form I am authorizing ICE USA, Inc. and its agents to release any provided medical information of the listed Member and/or Members.

I understand that authorizing the disclosure of this health information is voluntary.

I understand that I am not required to sign this agreement/authorization.

I understand that the information contained in this agreement/authorization is good for a period of 1 year.

I understand that it is the sole responsibility of the ICE USA, Inc. Member and/or Members to renew and update this agreement/authorization.

I understand that it is the sole responsibility of the Member and/or Members to inform ICE USA, Inc. of any changes in medical conditions, medications, allergies, or any personal wishes as expressed in this agreement/authorization.

I understand that ICE USA, Inc. will make every effort within reason to verify the existence of an actual emergency situation involving the ICE USA, Inc. Member or Members in this agreement/authorization before attempting to make contact with any of the designated emergency contacts listed in this agreement/authorization. Should ICE USA, Inc. become unable to verify an emergency situation, ICE USA, Inc. will not pursue an attempt to establish contact with any emergency contact.

I understand that ICE USA, Inc. will make any and all attempts necessary to establish contact with the Member and/or Members designated contacts in the event that a verified emergency incident has occurred. I understand that ICE USA, Inc. will not be held liable for failure to establish contact with any of the listed emergency contacts utilizing the information provided in this agreement/authorization.

I understand that once an ICE USA, INC. Member and/or Members designated emergency contact has been established, ICE USA, INC. will not attempt to notify the other emergency contacts.

I understand that I have the right to revoke this agreement/authorization at anytime. I understand that if I revoke this agreement/authorization that I must do so in writing and present my revocation to the ICE USA, Inc. Member Services Department.

I understand that revocation will not apply to information that has already been released in response to this authorization.

I understand that I have the right to inspect and/or receive copies of the information contained in this agreement/authorization to be used or disclosed. I understand that a photocopy of this agreement/authorization shall be valid as the original.

I understand that information contained in this agreement/authorization can be added or changed anytime with the written consent of the ICE USA, Inc. Member and/or Members by completing an ICE USA, Inc. Change of Information official form.

The ICE USA, Inc. Change of Information form can be downloaded from the ICE USA, Inc. website, www.icecontactusa.com, or obtained by request by calling 1 (877) 564-6423.

I understand that ICE USA, Inc. will not be held liable for failure of emergency first responders to utilize the services offered by ICE USA, Inc. It is neither the responsibility nor the priority of Emergency First Responders, including but not limited to; police, fire, EMR, EMS, or hospitals, to utilize the services offered by ICE USA, Inc.

I understand that ICE USA, Inc. should never take precedence over the rendering of emergency medical attention on behalf of the ICE USA, Inc. Member and/or Members. The services offered through ICE USA, Inc. should only be utilized once the proper emergency authorities deem the emergency situation has become stable.