

Participant Release

ADULT SUPERVISION IS EXPECTED

An adviser or adult chaperone is expected to attend with the staff and be responsible for students attending. If you do not have an adviser or chaperone available to attend with your staff, please contact your sales rep to see if other accommodations can be made. Please indicate the name(s) of the adult(s) attending and providing supervision.

Chaperone/Adviser: _____ Chaperone/Adviser: _____

IN CASE OF EMERGENCY NOTIFY

Name _____ Parent Legal Guardian Other (specify) _____

Address _____ City _____ State _____ ZIP _____

Phone (day) _____ (evening) _____

Insurance policy name and number _____

EMERGENCY AUTHORIZATION

Believing that every precaution will be taken to ensure the safety of my son/daughter, I agree to his/her participation in the Heart of America Workshop understanding that he/she will be the primary responsibility of the adult chaperone named above. I agree to waive all claims against the leaders of this activity and officers, agents and representatives of the Heart of America Workshop. I authorize and give my consent to the adult leaders to obtain medical care as necessary for the health and welfare of the minor, provided under the supervision of a licensed physician or dentist, including and limited to diagnosis, anesthesia, treatment, surgery, medication, or to hospitalize or order injection for the above minor. I agree to be responsible for all costs. I authorize the adult leader to receive said custody of said minor upon completion of any treatments. I specifically instruct any treating health facility to surrender the physical custody of said minor to the adult leader. I certify that I am the parent or one of the parents, having legal custody, or the legal guardian of the minor named above.

Date _____ Name _____ Signature _____

Relationship: parent legal guardian other (specify) _____