

Parent/Guardian Permission and Liability Waiver

Activity: June 2009 Martial Arts Retreat

Date(s): Fri., June 26, Sat., June 27, Sun., June 28

Destination: Indian Oaks, 38120 East Benton Road, Temecula, CA 92592

Participant Name: _____

Parent/Guardian Name: _____

Address: _____

Home Phone: _____

Emergency Phone Number: _____

Permission to Participate:

I, _____, grant permission for my son/daughter,
_____ to participate in this school retreat.

Parent/Guardian Signature: _____

Hold Harmless Agreement:

As parent/legal guardian, I remain legally responsible for any personal actions taken by my son/daughter named above.

I agree on behalf of myself, my son/daughter named herein, our heirs, successors, and assigns to hold harmless and defend Stephen T. McGovern/Tenkobushi Temple Martial Arts, from any liability for illness, injury or death arising from or in connection with my son/daughter attending the above named event.

Signature of Parent/Guardian: _____

Date: _____

1. The use of any tobacco products, alcohol, or illegal drugs is strictly prohibited.
2. All injuries and illnesses must be reported to Stephen T. McGovern
3. All persons must remain with the group.
4. No abusive language.

Medical Consent and Permission to Treat

Release of Information:

To the best of my knowledge, my child, _____ is in good health, and I assume all responsibility for the health of my child. In the event of an emergency, I give permission to transport my child to a hospital for emergency treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

I hereby grant medical personnel permission to release medical information to Stephen T. McGovern in the event that my child becomes ill or injured.

Signature of Parent/Guardian: _____

Date: _____

Emergency Contact Information:

Parent/Guardian Name: _____

Address: _____

Home Phone: _____

Business Phone: _____

If you are unable to reach me, please contact:

Name: _____

Phone: _____

Relationship to my son/daughter or me: _____

Medical History:

My son/daughter is under the care of a physician. _____ Yes _____ No

Please explain "yes" answers and provide physician contact:

My son/daughter is allergic to the following: _____

My son/daughter is taking medication and will bring all medication with him/her and it will be clearly labeled. Please list medication and dosage instructions:

I grant permission for non-prescription medication (Tylenol, Ibuprofen) to be given my child if necessary _____ Yes _____ No

Signature of Parent/Guardian: _____

Date: _____