

Perform4Purpose

Helping the community one performance at a time...

PERFORM 4 PURPOSE HEALTH & SAFETY RELEASE FORM

Performer's Name(s) _____

I give the above named performer(s) permission to participate in a **Perform 4 Purpose Program** and affirm that I am a legal guardian of the same. I agree to maintain responsibility/liability for the above named performer(s) throughout the duration of camp activities. Further, in the event that an emergency should occur, I grant permission for the camp staff to seek medical care and/or hospitalization as they deem necessary.

Emergency Contact _____

My son/daughter will be:

Picked up by (circle one): Parent/Guardian

Other _____

Walking home/Riding bike home

Name of Parent/Guardian (please print)

Date

X _____
Signature of Parent/Guardian

Date

Optional Additional Medical information:

Allergies or other medical conditions _____

Health Insurance _____

Policy Holder _____

Policy Number _____

Home Telephone _____