SPIRIT OF AMERICA PRODUCTIONS - MACY'S THANKSGIVING DAY PARADE®

MEDICAL RELEASE AND VISITATION FORM

MAKE TWO COPIES - Particip	oants will keep one in their nametag pouch and the Sta	aff Chaperone will collect one. A	All PARTICIPANTS must arrive	in New York City with 2 copies in or	der to participate.
Participants name:	::School/Studio/Gym name:				
and state that said minor is presently unde conditions, which would prohibit or restri	, the na er my care, custody and control and that I possess the ct his/her participation with Spirit of America Produc nies, to participate in the Macy's Thanksgiving Day P	authority to grant the permission tions, LLC, Hilton New York an	n and authorization stated herein, and Macy's Thanksgiving Day Para	and the minor has no conditions, include (hereinafter "Participating Compared to the control of the minor has no conditions, included the minor has no conditions and the minor has no condition and the minor has no conditions and the minor has n	ding but not limited to medical
administration of drugs by qualified and assumed by me or my insurance compan companies and divisions, successors, assiheirs, successors, and assigns may have n of any kind which the minor or I may have	any representative of the Participating Companies to licensed medical personnel for my child which may be y. I further waive and release the Participating Comigns, and heirs from any and all claims, causes of act ow or may have in the future, of any nature whatsoever as a result of, in connection with, relating to, or allowents ("hereinafter referred to as "Parade Events"), wi	ecome necessary. I understand panies, their officers, directors, tion, liabilities and losses whats ver, including without limitation eged to arise out of the minor's	that I will be notified as soon as p shareholders, agents, employees, oever whether known or unknown, claims of negligence, arising from participation in the Macy's Thanks	ossible in the event of an emergency insurers, servants, representatives, p n, suspected or unsuspected, and dan m, concerning, or relating to any and sgiving Day Parade® and any and all	c. All expenses of such treatment will be arent companies, subsidiaries, affiliated nages that he/she, and his/her respective all injuries, illnesses, losses or damages events and activities associated with the
Signature of Parent/Guardian:		Printed Nam	e of parent/guardian/custodian:		
Home phone:	Business phone:				
Home address:		Participants	social security number:	Participan	its Birthdate/
Family doctor:		Doctor's pho	one:		
Name of insurance company:		Medical insu	rance policy #:		
Insurance Company Address:		Insurance co	mpany phone:		
List pertinent medical information applica	able to allergies or any other medical condition:				
	List any regu	ılar medication the child is takir	ng:		
EMERGENCY CONTACT	B 1 2 2 2 191	** .		G 11 1	
Name:	Relation to child:	Home phone:		Cell phone:	
VISITATION PERMISSION	CHECK ONE: My child MAY be checked by the checked	cked out from the assigned Sta	ff Chaperone by an adult	☐ My child MAY NOT	be checked out!
*	4 1 1 1 6				
that this person must be 21 years of age of notified of their return (if applicable). I ur	, the legal guardian of, r older. I further understand that my child's assigned s derstand that the only time my child may be checked must also be listed in order to check your child out for	Staff Chaperone must not only n out is during the designated tim	neet this person indicated below (a	at the Staff Chaperone's convenience)	any persons listed below. I understand b, but see my child depart AND be guardian or the director/owner of the
NAME:	RELATIONSH	IP TO CHILD PH	ONE NUMBER AT WHICH TH	IIS PERSON MAY BE REACHED	THE DURING EVENT
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			<u> </u>		
			()	
LABULTY DELEAGE			()	 , , ,
acknowledge that he/she does not have an other person, that may result from particip directors, shareholders, agents, insurers, sknown or unknown, suspected or unsuspeother person, might suffer as a result of pathe Parade Events. The undersigned furthany matter relate to participation in the Paraticipating Companies. Further, the Parassigns, and heirs are not responsible for a regulations, delays, including weather del for any additional expenses or liability suparticipant as circumstances may demand bookings shall constitute a consent to the Thanksgiving Day Parade®, after the refu	on of being allowed to participate in the Parade Ever ty physical disorder which would jeopardize him/her is pation in the Parade Events; and that he/she fully and ervants, employees, representatives, parents, affiliate acted, that he/she may have now or may have in the fu articipating therein and specifically, but without limits are states and acknowledges that he/she fully understa arade and/or Parade Events, and that he/she will not in ricipating Companies and their respective principals, acts of God, breakdown in machinery, acts of governr ays or cancellations of or change in itinerary or sched stained or incurred by the Participant as a result of any it. Baggage is carried at the owner's risk and baggag, above agreement on your part to convey the contents and period, Participants and Spectators may still take a	n his/her participation in the Pacompletely RELEASES, ACQU d companies and divisions, succture, of any nature whatsoever intion from all claims and causes and consents that he/she will itiate any claim, lawsuit or litigate officers, directors, shareholders ments, or other authorities, acts of ule, or for any loss beyond their y participation in the Parade Eve e insurance is strongly recomme herein to any of your traveling of advantage of the amenities still a	rade Events; that he/she assumes a ITS, AND FOREVER DISCHAR tessors, assigns, and heirs, from an including, without limitation, claim of action of every kind and character of the solely liable and responsible fation whatsoever or assert any such agents, insurers, servants, employ of war whether declared or not, how are assonable control. Nor are any of the extension of the Participating Companies and the Your participation in the Participation. In the event any of the available in the ground package as	all risks of any damages or loss to his/ GES Participating Companies and the sy and all claims, causes of action, lians of negligence or injuries, damage, of the term in connection with, arising out of for any and all cost, damages, and expect he claims or causes of action of any nayees, representatives, parents, affiliate stillities, civil disturbances, strikes, pil of the above Participating Companies, further reserve the right to decline, a rade Events, retention of tickets, and the Parade Events are canceled, which any such payment for these amenities.	ther person or property, or that of any neir respective principals, officers, bilities and losses whatsoever, whether or loss of any nature he/she, or any relating to, or alleged to arise out of benses of any kind whatsoever that in a ture against any of the above ed companies and divisions, successors, lferage, epidemics, quarantines, custom persons or entities liable or responsible coept or retain any person as a or placing reservations via a deposit or includes the actual Macy's s will not be refunded.
Signature of Parent/Guardian X	Date:	_ Signature of W	Vitness X(Adult 21 yrs old. Does N	Date: NOT have to be Notarized.)	