

Field Day Application / Consent Form and Liability Waiver

Name of Parent or Legal Guardian: _____

Address: _____

Phone Number: _____

Name and Age of Child: _____

T-Shirt Size: _____ (S,M,L,XL)

Please Circle Events of Interest:

Long Jump 100 Meter Dash 4 Person Relay Race Frisbee Toss Jump Rope
3 Legged Race Hula Hoop Competition Sponge Relay Obstacle Course
Balloon Pop Race

As a parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant.

I agree on behalf of myself and my child named herein to hold harmless and defend Odyssey Productions Inc and The Walk It Talk It Organization, its directors, staff, chaperons and all representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the organization, its directors, staff, chaperons, and all representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

Signature: _____

Date: _____

Medical Matters:

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Emergency Medical Treatment:

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency and you are unable to reach me at the above number, contact:

Name: _____

Relationship: _____ Phone Number: _____

Family Doctor: _____ Phone Number: _____

Specific Medical Information: The organization will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc): _____

Any physical limitations: _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting?

Has child recently been exposed to contagious disease or conditions such as mumps, measles, chickenpox, etc? If so date and explain condition:

Any other special medical conditions of child:
