

CAMBODIAN CULTURAL DANCE TROUPE 2011-2012
A program of the Cambodian American Resource Agency, Inc. (CARA)
Permission to participate and emergency contact

My child _____
Has permission to participate in the Cambodian Cultural Dance Troupe.

LIABILITY RELEASE

In consideration for participating in the Cambodian Cultural Dance Troupe, a program of CARA, I agree to indemnify and hold harmless the Cambodian Cultural Dance Troupe, the Cambodian American Resource Agency, Inc., any and all facilities where practices and performances are held and release these entities for any and all liabilities which maybe suffered by the named individual in the program arising out of, or in any way connected with participation in the program except as it arises out of the sole willful act or sole act of negligence of the Cambodian Cultural Dance Troupe, the Cambodian American Resource Agency, Inc., their staff or volunteers. I HAVE READ AND UNDERSTAND THE ABOVE AGREEMENT AND FULLY ASSUME ALL RISKS FOR ANY AND ALL INJURIES.

Signature of parent/guardian Date

PERMISSION TO TREAT

In case of an accident or illness during the duration of the Cambodian Cultural Dance Troupe program, I authorize the Cambodian Cultural Dance Troupe as my agent for the above minor to consent to any medical diagnosis or treatment and hospital care rendered by and under the general supervision of a physician or surgeon licensed by the Medical Practice Act. I have listed medical problems, allergies, or needed medications below.

Signature of parent/guardian Date

Please print:
Parent Guardian _____

Address: _____ City: _____

Phone Number: _____ Cell phone: _____

Email: _____

Child's Name: _____ Date of birth _____

Medical Provider: _____ Phone: _____

Emergency contact: _____ Relationship _____

Address: _____ City: _____

Phone: _____ Cell phone: _____

Allergies: _____ Medication: _____

Medical Issues: _____