

Full Name of Minor: \_\_\_\_\_

Minor's Date of Birth: \_\_\_\_\_

Full Name of Legal Guardian: \_\_\_\_\_

Legal Guardian Phone: \_\_\_\_\_

If Legal Guardian is not attending Youth Traditional Song Weekend, name of Appointed Guardian over 18:

\_\_\_\_\_

I, the Legal Guardian, authorize the Appointed Guardian to have full responsibility for the above-named minor while in attendance at the Youth Traditional Song Weekend. I agree to waive all claims, demands, causes of action, and suits for personal injury, property damage, and other liability which may occur to my child named above while in attendance at the event.

I, the Legal Guardian of the above-named minor, know that I may not be available to authorize medical care of said minor child and I wish to appoint someone to act in my place in my absence and to give such authorization. This authorization is intended to give the Appointed Guardian the right to give consent to authorize emergency medical care. It is intended that this document be presented to the physician or appropriate hospital or medical representative at such times as the medical care shall be authorized. It is intended that this authorization relieve the physician, dentist, or other person rendering such care at the hospital or institution in which such care is given, from any liability resulting from the failure of me, the Legal Guardian of the above-named minor, from signing a consent or authorization to render such care. It is the intent that the Appointed Guardian shall act in my stead in making such decisions.

I have put the important medical facts, if any, on this form. The medical facts are intended to help the doctor in deciding what treatment is to be given, but are in no way intended to restrict the giving of authorization or consent by the above named guardian. I understand that this form is in effect from the date signed and that it is my responsibility to inform Youth Traditional Song Weekend of any changes to this form.

\_\_\_\_\_  
(Signature of Legal Guardian)

\_\_\_\_\_  
(Date)

I, the Appointed Guardian, accept full responsibility for the above named minor while in attendance at Youth Traditional Song Weekend. I agree to waive all claims, demands, causes of action, and suits for personal injury, property damage, and other liability which may occur to the minor named above while in attendance at the event.

\_\_\_\_\_  
(Signature of Appointed Guardian over 18)

\_\_\_\_\_  
(Date)

Date of Last Tetanus Shot (if known): \_\_\_\_\_

Current Medications: \_\_\_\_\_

\_\_\_\_\_

Known Allergies: \_\_\_\_\_

\_\_\_\_\_

Medical history or other important facts that should be known: \_\_\_\_\_

\_\_\_\_\_