

TEEN FOCUS PRODUCTIONS

RELEASE OF LIABILITY & PERMISSION TO TREAT IN AN EMERGENCY

The undersigned agrees to hold Kim Scott's Teen Focus Productions and all other business partners, staff members/volunteers harmless from any and all harm, damage, claim, liability, suits, damages costs, expenses and/or responsibility concerning any injury, accident or allergies which may occur during an activity with Kim Scott's Teen Focus Productions.

I recognize and acknowledge that my child (under 18) or an (over 18) participation in a Teen Focus Productions activity is solely at our/my own risk. I acknowledge that my child's /my participation in the program may expose him/her to risk of injury or possibly demise. I further understand that this Waiver and Release is absolute as to all claims, demands, causes or actions, suits damages, costs and expenses which could occur while I (over 18) or minor child is participating in events with Kim Scott's Teen Focus Productions.

In addition to the above, the undersigned parent /guardian or I (over 18) gives permission to TEEN FOCUS & other (affiliates) business owners and appointed representatives to seek any and all necessary medical care for participant in the event of an emergency. The medical care may be obtained at the closest medical facility. The undersigned parent/guardian or individual (over 18) AGREES TO PAY IN FULL FOR ANY EXPENSES INCURRED AS A RESULT OF SAID ACCIDENT - INJURY - OR ALLEGIC REACTION.

MEDICAL INFORMATION:

MODEL'S PRINTED NAME _____

PARENT/GUARDIAN NAME _____

ADDRESS _____ CITY _____ ZIP _____

PH#1() _____ PH#2() _____

EMERGENCY CONTACT NAME _____ PH# _____

KNOWN ALLERGIES---YES _____ OR--NO ALLERGIES

INSURANCE CARRIER _____

SUBSCRIBER _____

MEDICAL# _____ GROUP# _____

I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT. I VOLUNTARILY AND FREELY AGREE TO ALL TERMS AND CONDITIONS SET FORTH.

SIGNED THIS _____ DAY OF _____, 200_____

IF A MINOR:

PARENT/GUARDIAN SIGNATURE _____

MODEL'S SIGNATURE _____ AGE _____