XCLAIM, INC. Parental Consent and Medical Release Form PARTICIPANT INFORMATION

NAME		BIRTHDATE			
PARENT/		CELL PHONE			
GUARDIAN 1 ADDRESS		HOME PHONE			
		WORK PHONE			
PARENT/		CELL PHONE			
GUARDIAN 2 ADDRESS		HOME PHONE			
			WORK PHO	NE	
EMERGENCY CONTACT IN	NFORMATION				
NAME		RELATIONSHIP			
CELL PHONE	DAY PHONE	EVENING PH	ENING PHONE OTHER		
	 IFORMATION / ALL YOUR CHILD'S SPEC STANCE, ETC.). USE THE BA			IENTS (ALLERG	IES,
FAMILY PHYSICIAN & OFFICE:		PHYSICIAN'S PHONE NUMBER:			
INSURANCE CARRIER OR PLAN NAME:		INSURANCE PLAN ID:			
PARENTAL CONSENT FOR	R PARTICIPATION GRANT PERMISSION FOR				
(NAME OF CHILD) TO PARTI I ALSO HEREBY GRANT PI RECORDINGS OF MY CHIL CHILD AGREE TO ABIDE E AGREE THAT NEITHER XO EACH AND ALL XCLAIM! P ANY INJURY OR OCCURRI FOREVER DISCHARGE TH FROM ANY AND ALL LIABI	CIPATE IN XCLAIM, INC. PERMISSION FOR XCLAIM! LD FOR PUBLICITY, MARKE BY ALL POLICIES AND PRO CLAIM!, THE STAFF OF XCL PROGRAMS AND FUNCTION ENCE REGARDING MY CHI HE ENTITIES LISTED IN THE LITY FOR ANY PERSONAL	ROGRAMMING TO USE PHOTETING AND/OF CEDURES OF LAIM!, NOR T NS SHALL BE ILD. I HEREBY E PREVIOUS S	TOS, VIDEOS R ARCHIVAL I T XCLAIM! . I THE OWNERS HELD RESPO Y RELEASE, I SENTENCE A	S AND/OR OTHE PURPOSES. I A UNDERSTAND A S OF THE PREM ONSIBLE OR LIA HOLD HARMLES IND THEIR AGE	R ND MY AND ISES FOR ABLE IN SS AND NTS
OCCURRENCE INCURRED A RESULT OF ATTENDING		SIGNATURE	OF PARENT/	GUARDIAN	DATE
1	, I GRANT MY PERMISSION APPROPRIATE BY THE STA				G ТО
		SIGNATURE	OF PARENT/	GUARDIAN	DATE