

CENTRO COMUNITARIO LA RESURRECCIÓN

Version 2019

Date: _____ (dd/mm/yy)

To: _____ (name of the organization or event manager's company)

Event or Activity: _____ (description of the event or activity)

Participant: _____ (name of the participant)

I completely understand and realize that participation in the above mentioned event or activity could include actions or tasks which might be dangerous or hazardous to me.

By signing below, I agree to the fact that participation can cause any harm or injury to me. I release the organization or business named above from all liability, costs and damages which could arise from participation in the above named event or activity. I agree to accept financial responsibility for the costs related to this emergency treatment and give my confirmation of the same by signing this document.

Signature of Participant: _____ Date: _____

Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____ Date: _____

I, _____ consent, to be photographed on _____ dates by _____ . I further authorize that the photographs may be published for marketing and promotional purposes.

Signature of Participant: _____

Signature of Parent or Guardian (if under 18): _____

Medical Information, Allergies: _____

Food Restrictions/Allergies: _____

Insurance: _____ Policy Number: _____

Emergency Contact: _____ Phone : _____