

XCLAIM, INC. Parental Consent and Medical Release Form

PARTICIPANT INFORMATION

NAME	BIRTHDATE
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PARENT/ GUARDIAN 1	CELL PHONE
ADDRESS	HOME PHONE
	WORK PHONE

PARENT/ GUARDIAN 2	CELL PHONE
ADDRESS	HOME PHONE
	WORK PHONE

EMERGENCY CONTACT INFORMATION

NAME	RELATIONSHIP		
CELL PHONE	DAY PHONE	EVENING PHONE	OTHER

PARTICIPANT MEDICAL INFORMATION

PLEASE INDICATE BELOW ALL YOUR CHILD'S SPECIAL NEEDS OR REQUIREMENTS (*ALLERGIES, MEDICATIONS, SPECIAL ASSISTANCE, ETC.*). USE THE BACK IF NECESSARY.

FAMILY PHYSICIAN & OFFICE:	PHYSICIAN'S PHONE NUMBER:
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INSURANCE CARRIER OR PLAN NAME:	INSURANCE PLAN ID:
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PARENTAL CONSENT FOR PARTICIPATION

I DO HEREBY GRANT PERMISSION FOR
(*NAME OF CHILD*) TO PARTICIPATE IN XCLAIM, INC. PROGRAMMING (*HEREAFTER KNOWN AS XCLAIM!*). I ALSO HEREBY GRANT PERMISSION FOR **XCLAIM!** TO USE PHOTOS, VIDEOS AND/OR OTHER RECORDINGS OF MY CHILD FOR PUBLICITY, MARKETING AND/OR ARCHIVAL PURPOSES. I AND MY CHILD AGREE TO ABIDE BY ALL POLICIES AND PROCEDURES OF **XCLAIM!**. I UNDERSTAND AND AGREE THAT NEITHER **XCLAIM!**, THE STAFF OF **XCLAIM!**, NOR THE OWNERS OF THE PREMISES FOR EACH AND ALL **XCLAIM!** PROGRAMS AND FUNCTIONS SHALL BE HELD RESPONSIBLE OR LIABLE IN ANY INJURY OR OCCURRENCE REGARDING MY CHILD. I HEREBY RELEASE, HOLD HARMLESS AND FOREVER DISCHARGE THE ENTITIES LISTED IN THE PREVIOUS SENTENCE AND THEIR AGENTS FROM ANY AND ALL LIABILITY FOR ANY PERSONAL OR MEDICAL INJURY, CLAIMS INCURRED OR OCCURRENCE INCURRED WHILE OR ARISING AS A RESULT OF ATTENDING OR PARTICIPATING.

_____	_____
SIGNATURE OF PARENT/GUARDIAN	DATE

PARENTAL RELEASE FOR MEDICAL ATTENTION

IN CASE OF EMERGENCY, I GRANT MY PERMISSION FOR MY CHILD TO RECEIVE MEDICAL TREATMENT AS DEEMED APPROPRIATE BY THE STAFF OR AGENTS OF **XCLAIM!** ACCORDING TO THEIR BEST JUDGEMENT.

_____	_____
SIGNATURE OF PARENT/GUARDIAN	DATE