



Kauai Folk Fest 2019 Minor Release Form

I, _____ (Parent of Teen) am the parent or legal guardian of _____ (Teen), and I hereby grant permission for my minor child to participate in The Kauai Folk Festival under the care of _____ (Non- Parent Adult Guardian) I do assume any and all risks that might be associated with the activities that my child may be involved in at the Festival.

I release the The Kauai Folk Festival and CrazyRooster Organizations from any and all liability due to any accident or injury that may result during my child's participation in the Festival. I understand that if my child does not follow acceptable behavior, as established by the Kauai Folk Festival and my child is expelled, I will be responsible for returning my child home.

My child will attend the Kauai Folk Festival under the guardianship of: _____.

Contact information(Temporary Guardian):

phone: _____ email: _____

I hereby grant permission for first aid to be administered to my child in the event that it becomes necessary. I also grant the guardian authority to act in my place and with the same authority as myself during the course of the festival event, including the right to approve or decline emergency or other medical care in the event that I cannot be reached by festival staff. I request that in my absence, my child be admitted to any hospital or medical facility for diagnosis and treatment if deemed necessary by the guardian. I authorize physicians and nurses to perform any necessary diagnostic procedures, treatment procedures and operative procedures on my child. I assume financial responsibility for all medical treatment that is provided. Kauai Folk Festival staff and medical personnel should be aware of the following medical conditions and known allergies, and/or medications currently taken by my child (also see attached health history if needed): _____

Parent(s) phone numbers Parent's Signature _____

Date _____ Phone _____

PARTICIPANT AGREEMENT

I agree to follow the instructions and directions given to me by the staff and my guardian.

(Signature of participant teen) _____ (date) _____

**THIS RELEASE FORM AND ANY ATTACHED HEALTH HISTORY AS APPLICABLE
MUST BE RETURNED TO THE KAUAI FOLK FESTIVAL STAFF FOR ENTRY.**