

CANDY'S ADVENTURES

WAIVER/RELEASE FORM

Please PRINT clearly and legibly, answering ALL questions completely.

Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy): / /	Nickname (if any):
Street Address, City, State	Zip Code	School:	Grade:

Parent/Guardian's Name:

Home Phone:	Emergency Contact (Alternate): Name: Phone: . Relationship:
Work Phone:	
Cell Phone:	

Physical Limitations/Special Needs:
Please indicate any physical or medical limitations or special needs your child may have:

Health Insurance Carrier:
Health Insurance ID#:

MEDICAL WAIVER / PARENTAL RELEASE

I (print parent's name) _____ agree that (print child's name) _____ may participate in the Candy's Adventures events and activities. In consideration of participation with these activities, I agree, on behalf of the above named child, his/her heirs and representative to fully and forever release, and hold harmless Candy Love, Candy's Adventures, its agents, servants, and employees from any and all claims, demands, rights of action of causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of participation of any Candy's Adventures events.

Parent's Signature:	Date	For Official Use Only: <input type="checkbox"/> Medical Waiver Signed <input type="checkbox"/> Health Insurance Provided <input type="checkbox"/> Photo Release signed (below)
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Photo Release

I, _____ (parent/guardian signature required) hereby give permission to Candy's Adventures to take still photos or video of my child or myself. I further give my permission for the photos or film to be used as Candy's Adventures deems appropriate for publicity and fundraising only.