

**Release of Liability
Hold Harmless Agreement
Authorization to Give Medical Consent**

I (we), parent or guardians of _____, a minor, hereby give my (our) consent for the above-named child to be taken under the care, custody, control and supervision of **Carolyn Welch, Holly Beneventi, Amy Waldron, Kelli Baker, Emily Metzger, Susan Kober, Executive Director- Cinnamon Ramer, the Tour Choir Chairperson, the Tour Choir Chaperones and/or any additional officials or sponsors associated with the Lawrence Children's Choir**, in conjunction with singing concerts, rehearsals or performances in and from Lawrence, Kansas to any point that is necessitated during the upcoming schedule, and return, for the purpose of performing, singing, visiting, sightseeing or travel with the Lawrence Children's Choir.

I (we) do hereby release and hold harmless the above named individuals and other sponsors and the Lawrence Children's Choir, Inc., for any suit or claim for damages which may arise affecting my (our) child while under the control, care and/or supervision of the above listed individuals directly causing any injuries to my (our) child (save direct negligent behavior). **This release of liability and hold harmless agreement is essential to the participation of my (our) child in such activities and, it is understood that if this agreement is not signed that my (our) child shall not accompany nor participate in the activities above described.**

This document is to further authorize and empower the above named individuals and or other sponsors and officials of the organization to sign and grant any and all medical, dental surgical, ophthalmic, optometry or similar such authorizations to any doctor, surgeon, dentist, optometrist, osteopathic physician, nurse or similar person trained in the healing arts as may be reasonable and necessary for the treatment of my (our) child, during any time that my (our) child shall be under the supervisor of the above named individuals, while on any trip associated with the Lawrence Children's Choir, Inc. and/or while engaging in any activity associated with the underlying purpose of the said trip.

Date: _____

Signed: _____
(Parent/Guardian)

Signed: _____
(Parent/Guardian)

Please complete and turn by mail or in person by August 1, 2018

**Mail to:
Lawrence Children's Choir
PO Box 4173
Lawrence, KS
66046**

AUTHORIZATION FOR EMERGENCY MEDICAL CARE
Lawrence Children's Choir, Inc.

In order to meet all legal requirements, I hereby authorize **Carolyn Welch, Holly Beneventi, Amy Waldron, Kelli Baker, Emily Metzger, Susan Kober the Executive Director-Cinnamon Ramer and/or representatives of the Lawrence Children's Choir** to give consent for any and all necessary medical care for my child

_____ Child's Full Name, Printed

while said child is in said individual's custody between the dates of
August 1, 2018 - July 31, 2019

_____ Signature of Parent/Guardian

_____ Printed Name of Parent/Guardian

Notarized Section:

| | | |
|---|---|-------------------------------|
| State of |) | |
| County Of |) | ss: |
| Sworn and subscribed before me by _____ | | |
| on this _____ day of _____, 20_____. | | |
| | | _____ Notary Public |

Physician _____ Address _____ Phone _____

Physician After Hours Phone _____ Hospital Preference _____

Parent Phone(s) _____ Work Phone(s) _____ Other _____

Family Home Address(es) _____

Other Emergency Contact(s) Name(s), Phone(s) and relationship to child _____

Do you have health insurance? _____ Policy name and number _____

Do you receive medical assistance? _____ Program name and number _____

Is child eligible for military medical care? _____ ID number _____

Medical information on child:

Drug Allergies _____ Date of Last Tetanus Toxoid _____

Any Medications currently being taken _____

Other health information _____