

**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 Page, Kelli Baker, Sara Bonner, Emily Metzger, Susan Kober, Executive Director- Cinnamon Ramer, the Tour Director, the Tour 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, 2019**

**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 Page, Kelli Baker, Sara Bonner, 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, 2019 - July 31, 2020**

\_\_\_\_\_ Signature of Parent/Guardian

\_\_\_\_\_ Printed Name of Parent/Guardian

**Notarized Section:**

<b>State of</b>	)	
<b>County Of</b>	)	<b>ss:</b>
Sworn and subscribed before me by _____		
on this _____ day of _____, 20_____.		
		_____ <b>Notary Public</b>

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 \_\_\_\_\_