

Friends of Santo Nino, Inc.

(FOSNI)

5250 Jog Road

Delray Beach, FL 33484

email: *faithwalk@fosni.org*

RELEASE OF LIABILITY

PARTICIPANT UNDER AGE 18 (MINOR)

Name of Participant (Please Print)

Date of Birth

a minor for whom I am the parent or legal guardian, has my permission to attend The Kaamulan Cultural Show Project (said project to cover all scheduled practices and scheduled shows from January 2008 onwards).

In case of emergency, FOSNI may reach me at:

Permanent Address _____

Number and Street

Apartment Number

City

State

Zip Code

Day Telephone _____

Cell Phone _____

Evening Telephone _____

Email _____

Or, if that is not possible, I authorize FOSNI through its staff or agents to determine if treatment can reasonably be provided on site by FOSNI staff. I hereby release FOSNI from any liability arising from aforementioned treatment, not arising directly from gross negligence of FOSNI and or its officers, agents, staff, successors and assigns. If on site treatment is not deemed possible, I authorize FOSNI to take my daughter/son to the nearest medical facility for purposes of receiving medical care with the understanding that I will assume any and all responsibility for payment of same.

Name of Insurance Carrier

Policy Number

Insurance Carrier Telephone Number

On behalf of myself and my minor daughter/son, _____, I hereby release FOSNI and its officers, agents, staff and assigns from any and all liability arising out of or in any way related to The Kaamulan Cultural Show Project and not arising directly from gross negligence of FOSNI or its officers, agents, successors, and assigns.

Parent/Guardian _____

Date _____

(please print name)

Signature _____