



Activity Consent Form for Participant and Approval by Parents or Legal Guardian for the "GREEKS GOT TALENT" Event

This form is required to obtain approval and consent for anyone participating or any child under the age of 18 to participate in any event or activity involving the FDF or Greek Orthodox Folk Dance Festival Weekend commencing on February 16 – 21, 2011 as it relates to the GREEKS GOT TALENT event. It is recommended that the participant and/or parents keep a copy of the form and contact an FDF manager or executive of any questions or in case emergency contact is needed.

Additional copies of this form are available for download from yourfdf.org.

First name of participant and middle initial _____

Last name _____

Address _____

Birth date (month/day/year) ____/____/____ Age during activity _____

Additional address (need street address if you have a P.O. box)

City _____

State _____ Zip _____

Gives Consent and/or has approval to participate in the "GREEKS GOT TALENT" EVENT at FDF

(Name of activity or performance)

From _____ to _____
(Date) (Date)

(Please check one below)

Without restrictions

Special considerations or restrictions:

Hold Harmless Agreement

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Greek Orthodox Folk Dance and Choral Festival, all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation. In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, Anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical

evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Participant's printed name

Participant's signature

Date _____

Parent/guardian printed name

Parent/guardian signature

Date _____

Area code and telephone number (best contact and emergency contact) E-mail (for use in sharing more details about the activity)
Contact the adult tour leader with any questions:

Name

Phone _____

E-mail _____