



EMERGENCY MEDICAL RELEASE & LIABILITY WAIVER

Participant's Name _____ Birthdate _____
 Street Address _____ City _____ Zip _____
 Event Taking Part In _____ Home Ph(____) _____ Bus Ph(____) _____ Cell Ph(____) _____

Emergency Information

Father's Name _____ Home Ph(____) _____ Bus. Ph(____) _____ Cell Ph(____) _____
 Mother's Name _____ Home Ph(____) _____ Bus. Ph(____) _____ Cell Ph(____) _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name _____ Home Ph(____) _____ Bus. Ph(____) _____ Cell Ph(____) _____

Allergies _____

Other Medical Conditions _____

Physician _____ Address _____ Ph(____) _____

Medical / Hospital Insurance Company _____ Ph(____) _____

Policy Holder's Name _____ Policy Number _____

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.

Attention! Read the following before accepting! Assumption of Risk, Acknowledgement of Medical Insurance, Waiver and Release of Liability, and Release of Field of Screams

I, the undersigned (if participant is 18 years of age or older) or Parent/Guardian of the above listed minor participant, acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions, negligence, but action, inaction, or negligence of others, the rules of event / play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death. I understand the nature of the Activity and acknowledge that I am qualified to participate in such Activity. I further acknowledge that I am aware that the Activity will be conducted in facilities open to the public during the Activity. I further agree and warrant that, if at any time, I believe conditions to be unsafe; I will immediately discontinue further participation in the Activity. I hereby release, discharge, covenants to indemnify and not to sue FIELD OF SCREAMS, its affiliated organizations and sponsors, their owners, managers, employees, volunteers and associated personnel, officers, directors, agents, including owners and property owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the event/program, after careful consideration, I hereby authorize. I hereby give my consent to have an Emergency Medical Technician (E.M.T.), Doctor of Medicine or Dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasee from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasee because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasee. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alteration without the express written consent from Field of Screams will cause the participant to be removed from the event. (revised 8/3/05)

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREEE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Please Print, Sign and Submit at time of event to Gene Schopf (Owner Field of Screams) or his representative.

Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

NOTE: ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT.