

CONCERN AMERICA DANCE OUT OF POVERTY

Name	Age
Address	
City	Zip
Phone () Day	() Evening
Church/School/Group	

WAIVER:

This waiver must be signed by everyone who takes part in the dance. If the dancer is under 18 years of age, the waiver must be signed by a parent or guardian.

I HEREBY WAIVE THE RIGHT TO ANY CLAIMS FOR INJURIES TO MYSELF, OR TO MY PROPERTY AGAINST CONCERN AMERICA, NATIONAL MUSEUM OF MEXICAN ART, OR ANY INDIVIDUAL WHO HAS BEEN INVOLVED IN THE ORGANIZATION OF THE CONCERN AMERICA DANCE OUT OF POVERTY.

Signature: _____ Date: _____

PARENTAL PERMISSION:

This parental permission form must be signed by a parent or guardian of any participant under the age of 18 before (s)he will be allowed to participate in the dance.

I HEREBY PERMIT _____ TO PARTICIPATE IN THE CONCERN AMERICA DANCE OUT OF POVERTY ON SATURDAY, MARCH 27, 2010. SHOULD IT BE NECESSARY FOR HIM/HER TO HAVE MEDICAL ATTENTION/TREATMENT WHILE PARTICIPATING, I HEREBY GIVE MY PERMISSION TO THE CONCERN AMERICA PERSONNEL TO USE THEIR JUDGMENT IN OBTAINING MEDICAL SERVICES FOR THE YOUTH AND I GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE CONCERN AMERICA PERSONNEL TO RENDER MEDICAL TREATMENT DEEMED NECESSARY AND APPROPRIATE BY THE PHYSICIAN.

Parent/Guardian Signature: _____ Date: _____

CONCERN AMERICA
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