



**PITTSBURGH PERFORMANCE PROJECT  
PROJECT SPIN MEDICAL TREATMENT RELEASE FORM**

To the Parent/Participant (If 18 years of age or older): In case of medical emergencies and you are unable to grant verbal permission to treat your child/self, we request that this form be completed. Naturally, we are hopeful this permission will not be needed, but accidents and sudden illness sometimes do occur. We will make every reasonable attempt at contacting you before taking any action, but if emergency or hospital care is required, permission will be necessary.

Should sudden illness or injury require treatment, then you the parent/participant will be responsible for the participants' transportation and all expenses incurred.

I, the Parent/Guardian/participant (of) \_\_\_\_\_ do give permission for all necessary medical treatment for my child/self.

Participants' birth date \_\_\_\_\_ Allergies to any medication \_\_\_\_\_

Medication (s) currently taken \_\_\_\_\_

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

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Additional Contact Person (s)

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Participants Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Insurance Co. Phone Number \_\_\_\_\_

Participants Physician \_\_\_\_\_ Physicians Phone \_\_\_\_\_

Est. 2011

**Waiver and release of all claims:**

**Please read this form carefully and be aware when you or your child is voluntarily participates in the Pittsburgh Performance Project, you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of this program.**

I recognize and I agree to assume the full risk of any injuries, damages, or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims; I or my minor child/ward may have as a result of participating in the program against the Pittsburgh Performance Project organization, its staff, faculty, volunteers, agents, servants, and employees. I do hereby fully release and discharge the Pittsburgh Performance Project, its staff, faculty, volunteers, agents, servants, and employees from any and all claims from injuries, damages, or loss which I or my minor child/ward may have or which may occur to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the organization (transportation or otherwise). In the event of an emergency, I authorize the staff of the Pittsburgh Performance Project to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or my child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I have read and fully understand the above information, warning of risk, assumption of risk, and waive and release all claims and grant permission to secure treatment.

Participant or Parent/Guardian (if under 18 years of age) Signature \_\_\_\_\_ Date \_\_\_\_\_