



ORLANDO FEST PARTICIPANT RELEASE AND MEDICAL FORM

I _____ give my permission for _____,
(parent / guardian name) (student name)

with _____, to participate in OrlandoFest at Universal Orlando Resort.

Parents and/or guardians of the above mentioned student must accept full responsibility for his / her safety and actions. By completing and signing this form the student, parent and/or guardian accepts liability for any financial obligations student may incur or any damage or injury student may cause while participating in above named event. Parent / Guardian agrees to indemnify and hold harmless OrlandoFest, LLC (OrlandoFest), its officers, directors, employees, and agents from any and all financial liability or obligation arising from any injury or damage to any person or property which student or parent/guardian causes or contributes to while participating in the Festival. I hereby release OrlandoFest, its officers, directors, employees and agents from any and all causes of action, claims, and damages of any kind or nature whatsoever arising from any injury, loss, damage, cost, accident, delay, irregularity, or expense arising out of or in any way connected with the performance or operation of the Festival. OrlandoFest shall not be liable for events beyond its control, such as, without limitation, weather, acts of God, strikes, terrorism, or governmental restrictions, or for acts or omissions by persons or companies not controlled by OrlandoFest, such as, without limitation air carriers, bus companies, taxis, railways and hotels. OrlandoFest is not responsible for the safety and actions of the members of your group, including supervising your child/ward during the trip, assuming responsibility for all belonging of persons and the organization, safeguarding all personal items brought by your child/ward, supervising medical conditions of your child/ward or expenses that you might incur for the treatment of any medical condition or injury. Your group directors, advisors, administrators, and chaperones are responsible for these matters.

Although every attempt will be made to contact the student's parents / guardian, should the need arise the chaperones have permission to act in place of the parents / guardian in the case of a medical emergency. I _____ hereby approve emergency medical
(parent / guardian name)
treatment by the hospital and / or physician for _____.
(student name)

I will assume financial responsibility for the hospital / emergency center bills incurred.

(primary insurance) (insurance company address)

(policy number) (student date of birth) (date of last tetanus shot)

My child is allergic to the following medications or has the following allergies:

Please describe below any current medical conditions or medications your student will currently be under treatment for during the Festival dates:

THIS FORM MUST BE COMPLETED AND RETURNED TO OrlandoFest UPON ARRIVAL AT THE FESTIVAL.

Please list below any serious injuries or illnesses your child has had:

Alternate family member / friend to contact in case of emergency:

Special instructions to follow in the case of an emergency:

I certify that I am the parent or legal guardian of the participant named above and that I have read and understand the above (*pages one and two*) liability agreement and medical release and that I accept and will be bound by its terms and conditions on my behalf and on behalf of the participant.

(parent / guardian signature) (date)

Parent / Guardian Contact Numbers:

Home: _____ Work: _____ Cell: _____

*OrlandoFest is required by our insurance company to obtain a medical and liability release form for all students participating in our events. The OrlandoFest form will need a **signature** from the student's parent or guardian. It is imperative that all students submit a completed form as they will not be allowed to participate in the Event without a form on file.*

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