



Permission & Medical Release

Please complete this form for each participant in the **SERENDIPITY ENCOUNTERS: LET'S MAKE A MOVIE** event.

Participant Information

Name: _____ Date of Birth _____

Address: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Medical Information

Does the participant require a special diet? ____ (Y/N)

Does the participant have any allergies? ____ (Y/N)

Is the participant taking any medication or over-the-counter (OTC) drugs? ____ (Y/N) If yes, can the participant self-administer the medication? ____ (Y/N) (if no, please contact the event host or SERENDIPITY ENCOUNTERS directly)

If you answered yes to any of the questions above, please explain (attach additional pages if needed):

Transportation

I understand that the event may require transportation to other locations. I, therefore, (check one),

____ will provide the necessary transportation,

____ grant permission for SERENDIPITY ENCOUNTERS, or the event host to arrange and provide transportation for the participant.

Physical conditions that limit activity

Does the participant have a chronic or recurring illness? ____ (Y/N)

Has the participant had surgery or a serious illness in the past year? ____ (Y/N)



If you answered yes to any of the questions above, or if the participant has any other limits, restrictions, or disabilities that could prevent the participant from fully participating in the event or activity, please explain (attach additional pages if needed):

Other accommodations or special needs

Identify any other needs or considerations the participant has that the event or activity planner should be aware of (attach additional pages if needed):

Permission

I, _____, (parent or legal guardian for minors, self for adult participants) give permission for the above-named participant to participate in the **SERENDIPITY ENCOUNTERS: LET'S MAKE A MOVIE** event titled

_____ on _____

hosted by _____ (host name).

I understand that during this event, participants will be filming a movie, which may involve some stunt work, including running, jumping, or other activities (a non-inclusive list expected stunts is outlined on the event website). I understand that SERENDIPITY ENCOUNTERS does not provide stunt doubles, and that there are health and safety risks associated with these types of activities. I, therefore, assume all risk of injury and/or death associated with this event, and I will not hold SERENDIPITY ENCOUNTERS or its owners, employees, administrators, event hosts, organizers, sponsors, or anyone affiliated with them responsible or liable in the event of accident or injury.

I authorize SERENDIPITY ENCOUNTERS and other supervising adults to administer emergency treatment to my below-named child for any accident or illness and to act in my stead in approving necessary medical care. This authorization shall cover this event and any associated travel during the event.

I agree that my below-named child is responsible for his or her own conduct and agrees to abide by the SERENDIPITY ENCOUNTERS CODE OF CONDUCT (included in the event invitation and online). I understand that participation in this event is not a right but a privilege that can be revoked if my child behaves inappropriately or if they pose a risk to themselves or to others.

Participant signature: _____ Date: _____

Parent or guardian signature (if required): _____ Date: _____

Let's Make a Movie!

www.serendipityencounters.com

