

# PINKARD

## innovative Enterprises

*"You can have a piece of the pie"*

### MINOR RELEASE FORM AND CONSENT FOR TREATMENT

MINOR'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_  
FIRST LAST

NAME OF PARENT OR GUARDIAN \_\_\_\_\_  
FIRST LAST

ADDRESS \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

ACTIVITY \_\_\_\_\_

I, the parent/guardian of \_\_\_\_\_ give authorization  
for him/her to accompany your group in the above activity to be held on  
\_\_\_\_\_ through \_\_\_\_\_.

I understand that transportation will be provided by common air carrier, private auto, bus  
and/or rental vehicle. I authorize my child to be transported by this means.

DATE \_\_\_\_\_ SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_

### CONSENT FOR TREATMENT OF MINOR

In the event of sudden illness, accident or injury which may occur while said minor is  
engaged in an activity supervised by the Pinkard's and their representatives, agents or  
assignees, when neither the parents, guardian or designated family physician can be  
contacted, I hereby give my consent pursuant to California Civil Code #25.8 for  
emergency treatment as shall be necessary under the circumstances by any licensed  
physician.

DATE \_\_\_\_\_ SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_

INSURANCE CO: \_\_\_\_\_ TYPE OF COVERAGE \_\_\_\_\_

PERTINENT MEDICAL HISTORY INFORMATION (Epilepsy, Diabetes, Allergies,  
etc) \_\_\_\_\_

EMERGENCY NUMBERS: Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(other than parents) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

NOTE: This liability waiver releases the sponsors from any and all liability rising from or  
connected with minor's participation in said activity.