 **Talmadge Block Party 2018**

**Talent Show**

**Permission Slip**

**This slip with signatures on front and back is due by October 1, 2018.**

Email to [moore5@aol.com](mailto:moore5@aol.com) or deliver to 4710 Madison Avenue

Participant Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_

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

Name of Act \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Act: Circle: Individual or Group\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If a group, name all participants. Each participant must provide a separate, signed Permission Slip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\*\*Parents: Please sign below that you are consenting to your child’s participation in the 2018 Talmadge Block Party Talent Show.

Parent’s Name (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

QUESTIONS? Call Linda at 858-472-7606 or Lorrie at 858-245-8383.

Would you like to volunteer to help with the Talent Show and/or Talmadge Block Party?

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone or Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Physical Activity Release of Liability Form

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby acknowledge my awareness that my participation in ***the Talmadge Block Party Talent Show*** and such activities may involve the following;  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Description of Act)  
  
I understand that my participation in the above-mentioned activities may expose me to certain foreseeable and unforeseeable risks of damage and/or bodily injury, including serious bodily injury, where I may need to be hospitalized.

I knowingly, freely and voluntarily assume all risks and engage myself in the participation of the above-mentioned activities.

I hereby release ***The Talmadge Block Party*** from any and all liability arising out my participation of the above-mentioned activities and hereby waive my rights herein to assert any claim(s) for damages, bodily injury or serious bodily injury to the fullest extend allowed by law.

I further agree that I will hold harmless ***The Talmadge Block Party*** against any and all claim(s) for damages, bodily injury or serious bodily injury arising out of or in connection of my participation in the above-mentioned activities whether caused by negligence or otherwise.

I fully understand the terms set forth in this form, and I hereby execute this Physical Activity Release of Liability Form.  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date