

RIGHT OF REFUSAL OF MEDICAL AID

Show #	Production Location	Today's Date
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I hereby refuse medical aid treatment for the illness or injury incurred by me on this date.
In signing this waiver, I release the production and its personnel from any liability
resulting from this refusal to accept medical treatment.

_____ Injured's or guardian's signature	_____ Injured's name	_____ Injured's cell #
_____ Injured's job title or position	_____ Guardian's name (in case of injured minor)	_____ Guardian's relationship (in case of injured minor)
_____ Producer's signature	_____ Producer's name	_____ Producer's cell #
_____ Witness's signature	_____ Witness's name	_____ Witness's cell #

Notes:

Send completed form to Head of Production