

THE KINGSMEN STARCORPS

Kingsmen Alumni Corps

Kingsmen Senior Corps

2009/2010 RELEASE AND ASSUMPTION OF RISK AND CONSENT TO MEDICAL TREATMENT

I have signed and delivered this document to you on behalf of the participant named below.

I, _____ (“Participant”) agree to participate in all activities arranged by The Kingsmen StarCorps/Kingsmen Alumni Corps/Kingsmen Senior Corps. I am aware that during any of The Kingsmen activities, including without limitation rehearsals, trips, and competitions, certain hazards may occur, including but not limited to, the hazards of accidents or illness, which may occur at places without medical facilities, hazards created by the forces of nature and hazards of travel by air, train, bus, automobile, and other means, including walking.

I understand and do hereby assume all of the above-mentioned risks and will hold The Kingsmen StarCorps Organization harmless from any and all liability whatsoever which may arise out of participation in any activities arranged for the participant by The Kingsmen Alumni Corps/Kingsmen Senior Corps, or during any travel in private vehicles to and from any Kingsmen Alumni Corps/Kingsmen Senior Corps rehearsals or functions. This document shall serve as a release of all claims for personal injury to the participant and an assumption of risk binding upon my heirs, executor and administrators, and all members of my family.

In an event of participant's illness, I do hereby authorize any of the directors, officers, managers or chaperones of The Kingsmen StarCorps/Kingsmen Alumni Corps/Kingsmen Senior Corps who are present at the place of occurrence to consent to whatever x-ray examination, anesthetic, medical, surgical, or dental diagnosis, treatment, and/or hospital care that may be considered necessary for the participant in the best judgment of the attending physician, surgeon, or dentist and to be performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I recognize that the directors, officers, managers or chaperones consenting to such health care may reasonably and in good faith rely upon the advice furnished to him or her by the attending licensed health care provider(s).

Signed: _____ Date _____
(Signature of member)