

Name of Event: Barth Syndrome Conference

Date: July 23 – 24, 2026



0100

Corporate Kids Events, Inc
Events Consent and Release Form

• 11276 Edward Dr, Grass Valley, CA 95949 • tel **800-757-3580**

Our policy requires that our records are accurate and up-to-date. We do not share or sell this information.

PARENT AND EMERGENCY CONTACT

Parent's NAME:		Cell phone	
Parent's NAME:		Cell phone	
Emergency Contact (friend or family)		Cell phone	

MEDICAL INFORMATION

Important Child Information	Name Age	Name Age	Name Age
Chronic Illnesses			
Food Restrictions			
Special Needs			
Allergies			
Current Medications			
Other Instructions			

In the event of an emergency, I hereby authorize any and all medical attention to be administered to my child (children) as is deemed necessary by an attending physician or nurse. I understand and agree that I am financially responsible for any care so provided. In consideration of the opportunity to have my child (children) participate in the activities sponsored by Corporate Kids Events, Inc., I hereby assume all risks and waive all claims against the corporation, it's respective officers, director, employees, agents and representatives for bodily injury, illness, or death and for damage to or loss of any property directly or indirectly arising from or in connection with any activities involving Corporate Kids Events, Inc. except to the extent directly and solely caused by the willful misconduct of the corporation or its agents. I also understand and agree that management reserves the right to decline or discontinue enrollment based upon the management's assessment of physical disabilities, illness, or medical conditions requiring an amount of attention or medical expertise beyond the company's formal scope of ability. Corporate Kids Events has my permission to take photos of my family and children at this event. Pictures may be used for digital photo CD and/or customer access via our website homepage and for client and promotion for future events. Corporate Kids Events has my permission to take my child from the childcare room with supervision to use the bathroom, participate in a group game, or take a walk in the hotel, convention center, armory, or event location. Furthermore, I understand that my child may be subject to a health screening prior to entering the childcare program.

Signature of Parent: _____ Date: _____

Security Photo # _____
(To be assigned at check-in)