

RDA/SOUTHEAST FESTIVAL Medical Permission Form

This medical permission form must be signed by ALL Festival Participants. This form is the responsibility of the Company. A Company Spokesperson must have this information available during the Festival.

_____ (**Festival Participant**) has permission to participate in the RDA/Southeast Festival being held April 27 - 29, 2023 at the Renaissance Montgomery Hotel & Spa and Convention Center in Montgomery, Alabama. By signing below, I (OR if Festival Participant is under 18 years of age, this Form must be signed by a Parent or Legal Guardian) hereby give permission to the Company to give consent for treatment.

Primary Emergency Contact

Name: _____ Relationship: _____

Number: () _____ - _____ Secondary Number: () _____ - _____

Address: _____ City _____ State _____ Zip _____

Secondary Emergency Contact

Name: _____ Relationship: _____

Number: () _____ - _____ Secondary Number: () _____ - _____

Address: _____ City _____ State _____ Zip _____

Physician's Name: _____ Phone: () _____ - _____

Dentist Name: _____ Phone: () _____ - _____

Additional Remarks, i.e., allergies, medical conditions, etc.

I hereby give permission to the RDA/Southeast Company to give consent for treatment.

Participant Signature: _____ Date _____

If under 18: Parent/Legal Guardian Signature: _____ Date _____

RDA/Southeast Company: _____ Spokesperson: _____

ATTACH A COPY OF YOUR INSURANCE CARD - FRONT & BACK