|  |  |
| --- | --- |
| **PROD. NUMBER** | **PRODUCTION TITLE** |
|  |  |
|  |  |
| **NOTES ON ILLNESS OR INJURY** |
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|  |  |

I hereby refuse the first 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 such first aid treatment.

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| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| INJURED’S NAME |  | SIGNATURE |  | PHONE |  | DATE |
|  |  |  |  |  |  |  |
| PRODUCER’S NAME |  | SIGNATURE |  | PHONE |  | DATE |
|  |  |  |  |  |  |  |
| WITNESS’S NAME |  | SIGNATURE |  | PHONE |  | DATE |

**IF INJURED PERSON IS UNDER 18 YEARS OF AGE, INCLUDE CONSENT OF PARENT OR LEGAL GUARDIAN:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| PARENT OR LEGAL GUARDIAN’S NAME |  | SIGNATURE |  | PHONE |  | DATE |