



PROD. NUMBER	PRODUCTION TITLE

NOTES ON ILLNESS OR INJURY

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.

_____ 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
--	--------------------	----------------	---------------