



HANDBELL MUSICIANS OF AMERICA, AREA 11

2026 Ringing Up Festival

Emergency Care Form and Liability Waiver

(For participants 18 and younger – Please PRINT Clearly)

Minor's Name: _____

Address: _____

Minor's Cell Phone Number: _____

Group's Name: _____

Assigned Chaperone's Name: _____

Parent's/Legal Guardian's Name: _____

Daytime Phone: _____ Evening Phone: _____

Alternate Contact Info (optional): _____

Doctor's Name: _____ Phone: _____

Insurance Company: _____ Policy Number: _____

Name of Policy Holder: _____

As parent or legal guardian of the above minor, I hereby authorize any medical and/or surgical care, including diagnosis and treatment, to be rendered to him/her by any licensed physician or surgeon, or by any licensed hospital, when accompanied by an adult leader of the above named group. We assume full financial responsibility for such care, including prescribed medications and transportation by ambulance, and agree to make full payment for the same upon receipt of the statement of fees.

We do hereby, for a good and valuable consideration, agree to indemnify and hold harmless The American Guild of English Handbell Ringers, Inc. d/b/a/ Handbell Musicians of America and the above named group from any and all actions, claims, demands, suits, or other liabilities which may result from the above named minor's trip.

Parent's/Legal Guardian's Signature: _____

Comments regarding special health problems, allergies, drugs, etc.:

As a parent or legal guardian of the above minor, I authorize Handbell Musicians of America Area 11 to photograph, videotape and/or present an image on the Area 11 webpage (www.area11.handbellmusicians.org) of this registrant.

Printed name of legal parent/guardian

Relationship to minor

Signature of parent/guardian

Date

DO NOT RETURN THIS FORM - BRING A COMPLETED COPY FOR EACH MINOR