



Coast2Coast Productions – McDonald’s Thanksgiving Parade

MEDICAL RELEASE AND VISITATION FORM

Participants will keep it in their name tag pouch at all times. All PARTICIPANTS must arrive in Chicago with (2) copies in order to participate.

Participant’s name: \_\_\_\_\_

School name: \_\_\_\_\_

MEDICAL RELEASE:

I, \_\_\_\_\_, the natural parent, legal guardian and/or managing conservator of \_\_\_\_\_, a minor, do hereby acknowledge and state that said minor is presently under my care, custody and control and that I possess the authority to grant the permission and authorization stated herein, and the minor has no conditions, including but not limited to medical conditions, which would prohibit or restrict his/her participation with Coast2Coast Productions, Westin River North or Sheraton Chicago Hotel and Towers, McDonald’s® Thanksgiving Parade and Chicago Festivals Association (hereinafter “Participating Companies”). I give my permission for the minor to travel with Participating Companies, to participate in the McDonald’s® Thanksgiving Parade and to participate in the activities sponsored by Participating Companies. In the event of an emergency, I authorize any representative of the Participating Companies to provide or arrange medical treatment for my child/participant, I hereby consent and fully authorize any medical attention, treatment, surgery or administration of drugs by qualified and licensed medical personnel for my child which may become necessary. I understand that I will be notified as soon as possible in the event of an emergency. All expenses of such treatment will be assumed by me or my insurance company. I further waive and release the participating companies, their officers, directors, shareholders, agents, employees, insurers, servants, representatives, parent companies, subsidiaries, affiliated companies and divisions, successors, assigns, and heirs from any and all claims, causes of action, liabilities and losses whatsoever whether known or unknown, suspected or unsuspected, and damages that he/she, and his/her respective heirs, successors, and assigns may have now or may have in the future, of any nature whatsoever, including without limitation, claims of negligence, arising from, concerning, or relating to any and all injuries, illnesses, losses or damages of any kind which the minor or I may have as a result of, in connection with, relating

to, or alleged to arise out of the minor's participation in the McDonald's® Thanksgiving Parade and any and all events and activities associated with the Parade including travel to and from the events ("hereinafter referred to as "Parade Events"), with the Participating Companies and specifically, but without limitation, from all claims and causes of action of every kind and character.

Signature of Parent/Guardian/Custodian: \_\_\_\_\_

Printed Name of Parent/Guardian/Custodian: \_\_\_\_\_

Home phone: \_\_\_\_\_

Business phone: \_\_\_\_\_

Parent's cell phone: \_\_\_\_\_

Home address: \_\_\_\_\_

Participant's social security number: \_\_\_\_\_

Participants Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Family doctor: \_\_\_\_\_

Doctor's phone: \_\_\_\_\_

Name of Insurance Provider: \_\_\_\_\_

Medical insurance policy #: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Insurance company phone: \_\_\_\_\_

List pertinent medical information applicable to allergies or any other medical condition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergic to (if any): \_\_\_\_\_

List any regular medication the child is taking:

\_\_\_\_\_

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

#### LIABILITY RELEASE:

In consideration of being allowed to participate in the Parade Events and all events related to the Parade Events including travel to and from, the undersigned Participant/Guardian hereby agree and acknowledge that he/she does not have any physical disorder which would jeopardize him/her in his/her participation in the Parade Events; that he/she assumes all risks of any damages or loss to his/her person or property, or that of any other person, that may result from participation in the Parade Events; and that he/she fully and completely RELEASES, ACQUITS, AND FOREVER DISCHARGES Participating Companies and their respective principals, officers, directors, shareholders, agents, insurers, servants, employees, representatives, parents, affiliated companies and divisions, successors, assigns, and heirs, from any and all claims, causes of action, liabilities and losses whatsoever, whether known or unknown, suspected or unsuspected, that he/she may have now or may have in the future, of any nature whatsoever including, without limitation, claims of negligence or injuries, damage, or loss of any nature he/she, or any other person, might suffer as a result of participating therein and specifically, but without limitation from all claims and causes of action of every kind and character in connection with, arising out of, relating to, or alleged to arise out of the Parade Events. The undersigned further states and acknowledges that he/she fully understands and consents that he/she will be solely liable and responsible for any and all cost, damages, and expenses of any kind whatsoever that in any matter relate to participation in the Parade and/or Parade Events, and that he/she will not initiate any claim, lawsuit or litigation whatsoever or assert any such claims or causes of action of any nature against any of the above Participating Companies. Further, the Participating Companies and their respective principals, officers, directors, shareholders, agents, insurers, servants, employees, representatives, parents, affiliated companies and divisions, successors, assigns, and heirs are not responsible for acts of God, breakdown in machinery, acts of governments, or other authorities, acts of war whether declared or not, hostilities, civil disturbances, strikes, pilferage, epidemics, quarantines, custom regulations, delays, including weather delays or cancellations of or change in itinerary or schedule, or for any loss beyond their reasonable control. Nor are any of the above Participating Companies, persons or entities liable or responsible for any additional expenses or liability sustained or incurred by the Participant as a result of any participation in the Parade Events. The Participating Companies further reserve the right to decline, accept or retain any person as a participant as circumstances may demand it. Baggage is carried at the owner's risk and baggage insurance is strongly recommended. Absolutely no refunds will be given after October 1, 2014. Your participation in the Parade Events, retention of tickets, and/or placing reservations via a deposit or bookings shall constitute consent to the above agreement on your part to convey the contents herein to any of your traveling companions. In the event any of the Parade Events are canceled, which includes the actual McDonald's® Thanksgiving Parade, after

the refund period, Participants and Spectators may still take advantage of the amenities still available in the ground package as any such payment for these amenities will not be refunded.

Signature of Parent/Guardian/Custodian X:

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness X:

\_\_\_\_\_ Date: \_\_\_\_\_

### PHOTO/VIDEO RELEASE FORM

I grant **Coast2Coast Productions**, its representatives and employees the right to take photographs/video footage of me and my property in connection with the McDonald's Thanksgiving Parade/Chicago Festivals. I authorize **Coast2Coast Productions**, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that **Coast2Coast Productions** may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I have read and understand the above:

Printed Name of Parent/Guardian/Custodian:

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian/Custodian:

\_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Participant:

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of Participant:

\_\_\_\_\_ Date: \_\_\_\_\_

High School: \_\_\_\_\_

Address: \_\_\_\_\_