

**LIABILITY RELEASE FORM
FOR UKRAINE VIDA NUEVA: JULY 2006**

This instrument is executed by the undersigned in connection with the participation of our (my) child (or ward) [hereinafter referred to as "child"] in activities conducted by or in connection with Ukraine Vida Nueva (UVN), of Music City Tres Dias (MCTD), a not-for-profit corporation, during the time referenced above [hereinafter referred to as "UVN Activities"]. In consideration for being accepted or permitted to participate by MCTD in the UVN Activities we (I), being 21 years of age or older, do, for and on behalf of our (my) child who is not yet 21 years old, hereby release, forever discharge, and agree to hold harmless UVN and MCTD, the directors thereof, and the adult chaperones of the UVN Activities, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and/or our (my) child while he/she is participating in any of the UVN Activities.

Furthermore, we (I) hereby assume the risk of any and all personal injury, sickness and/or death, personal and/or property damage and/or expenses that may be incurred as a result of our (my) child's involvement in all the UVN Activities.

Furthermore, UVN and MCTD, acting by and through its adult chaperones, are hereby granted authority and permission to furnish any necessary transportation, food and lodging for our (my) child in connection with all UVN Activities.

The undersigned further hereby agree(s) to hold harmless and indemnify UVN and MCTD, its directors, and the adult chaperones of the UVN Activities for any purported liability incurred or injuries sustained as the result of the negligent, willful or intentional acts of our (my) child (or ward), including any and all expenses incurred attendant thereto. Our (my) signature(s) below further evidence our (my) permission for our (my) child to participate fully in all the UVN Activities.

Print Name of Child-Participant	Legal Guardian's Signature	Date
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Mother's Signature	Date	Father's Signature	Date
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Note: Both parents must sign unless they are separated or divorced, in which case the custodial parent must sign.

**MEDICAL HISTORY
AND
CONSENT FOR EMERGENCY CARE**

I, the undersigned, am the parent or legal guardian of _____, a minor. In the event of a medical emergency, as determined by a director of MCTD, UVN or an adult chaperone for the UVN Activities, I hereby extend power of attorney for the authorization of medical care for the above named minor child at any hospital, clinic, doctor's office, or other medical facility. I assume full responsibility for any and all medical expenses incurred should medical care be needed. The child's regular physician is _____, office telephone number _____.

Child's Date of Birth: _____ Last Tetanus shot: _____ Allergies: _____

Existing Medical Problems: _____

Routine Medications: _____

Restrictions: _____

Insurance Company: _____ Insured Person: _____

Policy No.: _____ Group No.: _____

Parent or Legal Guardian (please print): _____

Address (including zip code): _____

Home/Work/Cell Phone Numbers: _____

Signature of Parent/Guardian: _____ Date: _____

Please provide a copy of your insurance care with this form.