Emergency Contact and Release

A signed copy of this form is required for participation in the event listed below:

Location (City):
Event Name:
Event Date & Time:

Parent / Legal Guardian Name:	
Home Address, City, State & Zip:	
Emergency Phone Number:	
Child's Name:	Age:
Child's Name:	Age:

Emergency Contact (if other than Parent / Legal Guardian listed above):

Name and Relationship:
Emergency Phone Number:

If applicable, please list any medical or other needs (including food allergies) that may affect the participant(s) participation in the event listed above:

_____

_____

Permission/Emergency Authorization/Release

My child(ren) has my permission to participate in the event listed above and American Girl has my permission to record the event for internal business purposes. American Girl has my permission to secure medical services in the event of an emergency and I or the Emergency Contact listed above cannot be reached. I hereby release and agree to hold harmless American Girl Brands, LLC, Mattel, Inc., their affiliated and subsidiary companies, and their respective officers, directors, agents, and employees, and those acting under their authority against loss from any claim, action, or demand of any kind that may be brought at any time by me, by the above-named minor, or by anyone acting on the minor's behalf for the purpose of enforcing a claim for damages, loss, or harm, including without limitation, any invasion of privacy or publicity, personal injury or property damage, and expenses of any nature whatsoever, or by any third party, arising out of or in connection with my child(ren) participation in the event referred to above. I have read and understand the above information and voluntarily sign my name below.

_____

Signature of Parent / Legal Guardian

_____

Date

© American Girl, LLC – Confidential