

TOWNSHIP OF OCEAN SPECIAL EVENTS COMMITTEE

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Haunted Hayride CONSENT FOR MEDICAL TREATMENT FORM

I (PRINT) _____ hereby give permission for
(PRINT) _____ to participate in
skits at the Township of Ocean Haunted Hayride. I agree to provide my own health/accident
insurance, in the event that my child or I sustain an injury while participating in a skit at the
Hayride. I further acknowledge that I/we must submit all claims to my primary insurance
company for payment first. {All injuries MUST be immediately reported to the organizers.
Do not leave the event without filling out an accident claim form}.

In the case of an accident or serious illness to myself or my child, which, in the judgment of
the on site emergency personnel, requires immediate action, I request and hereby authorize
the Township of Ocean and the Hayride Organizers, to obtain such medical assistance and
if needed, allow the First Aid Squad to transport myself and or my child to a hospital, as they
deem appropriate to the situation.

I also authorize any physician or hospital employee to administer such medical treatment for
my child, or myself, as they deem necessary and appropriate to the situation.

I will not hold any Township employee, physician or hospital employee responsible for
acting in accordance with this authorization.

In the case of a minor, I the parent and or guardian, expect to be informed of my child's
condition and of the treatment as soon as possible.

I have attached a copy of my Health Insurance Card (front and back).

Participant's name _____

Participant's Signature _____ Date _____

Parent (Guardian)Signature _____ Date _____

Cell phone number: () _____ Home number _____

Home email Address: _____

**Parental or Legal Guardian Signature Required if the participant is under the age of 18 years of age as of
October. Don't forget to attach a copy of your health insurance card (front and back)**

