

REFUSAL OF MEDICAL TREATMENT

FESTIVAL PATRON NAME: _____

FESTIVAL LOCATION: _____

DATE: _____

DESCRIPTION OF INJURY: _____

I have been advised of the procedures to seek medical treatment for the injury described above. By signing below, I am choosing to refuse medical treatment for the above referenced injury. I understand that my signature indicates my refusal of the medical treatment that has been offered to me. I am completely responsible for seeking medical attention on my own.

Signature of Festival Patron: _____

Date: _____

Signature of Festival Representative: _____