



WEST COAST SCHOOL
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EMERGENCY CONTACT (1): _____

RELATIONSHIP: _____ PHONE: _____

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Any medical conditions we should be aware of (Heart problems, Food allergies, Insects, Medicine taken on a regular basis, etc.) This information is confidential and will not be shared with any other member.

Limitation of Liability Statement and Assumption of All Risks And Release of Liability Agreement and Release

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West Coast School or PPC may record my image and / or photograph me at the event and use it for purposes of promoting upcoming events and I release WCS and PPC from any claims resulting from such use.

I have read and understand the above.

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