



P.O. Box 546., Petoskey, MI 49770  
231/348-7047 [www.blissfest.org](http://www.blissfest.org)

## Blissfest 2022 Minor Release Form Due by June 15th, 2022

I, \_\_\_\_\_ (Parent of Teen) am the parent or legal guardian of  
\_\_\_\_\_ (Teen), and I hereby grant permission for my minor child to participate in The Blissfest Music Festival  
under the care of \_\_\_\_\_ **(Non- Parent Adult Guardian) (Limit 4 teens per non- parent guardian)**

I do assume any and all risks that might be associated with the activities that my child may be involved in at the  
Festival. I release the Blissfest Music Organization from any and all liability due to any accident or injury that may  
result during my child’s participation in the camp.

**I understand that if my child does not follow acceptable behavior, as established by the Blissfest  
Organization, and my child is expelled, I will be responsible for returning my child home.**

My child will attend The Blissfest Festival under the guardianship of: \_\_\_\_\_

Contact information (Temporary Guardian): phone: \_\_\_\_\_  
email: \_\_\_\_\_

I hereby grant permission for first aid to be administered to my child in the event that it becomes necessary. I also  
grant the guardian authority to act in my place and with the same authority as myself during the course of the  
festival event, including the right to approve or decline emergency or other medical care in the event that I cannot  
be reached by festival staff. I request that in my absence, my child be admitted to any hospital or medical facility  
for diagnosis and treatment if deemed necessary by the guardian. I authorize physicians and nurses to perform any  
necessary diagnostic procedures, treatment procedures and operative procedures on my child. I assume financial  
responsibility for all medical treatment that is provided.

Blissfest staff and medical personnel should be aware of the following medical conditions and known allergies,  
and/or medications are currently taken by my child (also see attached health history if  
needed): \_\_\_\_\_

Parent(s) phone numbers Parent’s Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

### **PARTICIPANT AGREEMENT**

I agree to follow the instructions and directions given to me by the staff and my guardian.

(Signature of participant teen) \_\_\_\_\_ (date) \_\_\_\_\_

**This release form and any attached health history as applicable must be returned by June 15th 2022 to:**

Blissfest, c/o Sarah Reinfelder, PO box 546., Petoskey, MI 49770

*Notarize Here If Applicable*