



世界はダグの中にある・ You can find the world in Dag

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## DAGMUSIC RELEASE FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Person to contact in an emergency: \_\_\_\_\_

Emergency phone number: \_\_\_\_\_

### HEALTH INFORMATION:

My child is allergic to the following foods and/or medications:

\_\_\_\_\_

Doctor Name: \_\_\_\_\_

Doctor Address: \_\_\_\_\_

Doctor Phone: \_\_\_\_\_

I hereby give the staff of Dagmusic permission to see that my child

\_\_\_\_\_ receives any medical attention he/she may need while participating in Dagmusic events including Karaoke and paid recordings. I also release Dagmusic and its staff of any liability not caused by their negligence during the above activity or trip. This includes the following:

- The power to seek appropriate medical treatment or attention on behalf of the child as may be required by the circumstances, including but not limited to, medical doctor and/or hospital visits.
- The power to authorize medical treatment or medical procedures in an emergency situation.

In case of emergency, I understand that every effort will be made to contact parents or guardians of minor registrants. However, if parents or guardians cannot be reached, I hereby give Dagmusic permission to act on my behalf in seeking and administering medical treatment should it be deemed necessary or advisable for the registrant's health, safety and/or welfare.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

*Note: This form will remain in effect for 1 year from the above date, unless rescinded beforehand*

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