



FARMERS AND CRAFTS MARKET OF LAS CRUCES, INC
In partnership with Cruces Kids Can: Jr. Vendors
 P. O. BOX 16467
 LAS CRUCES, NM 88004

I _____, and/or _____ the parent(s) of _____ (“my child, or children”),

give permission for my child to participate at the Farmers and Crafts Market of Las Cruces under the partnership with Cruces Kids Can and Community Action Agency of Southern New Mexico.

I hereby authorize **parent volunteer(s), and/or a member of Cruces Kids Can staff** to seek and consent to emergency medical attention for my child should it be needed. I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

I hereby release the Farmers and Crafts Market of Las Cruces, Cruces Kids Can and Community Action Agency of Southern New Mexico, their employees, agents and volunteers from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury that may be sustained by my child while participating in this event.

The following is all of the **insurance information, restrictions, allergy and medication** information necessary for my child to receive appropriate medical care.

Health Insurance Information - Responsible Party's Name:

Company: _____ **Group #:** _____ **Id #:** _____

Allergies and/or Medication: _____

Restrictions _____

I agree and consent to all of the above stated.

 Parent Signature

 Date

 Parent Signature

 Date

 Emergency Contact Name to call first

 Emergency Contact Phone Number