

Refusal of Treatment/Release of Liability Form

I hereby decline the medical treatment and/or services recommend by the medical staff for the Organizing Committee for the 2010 Ontario Winter Games.

I understand and agree that by my refusal to accept the medical treatment and/or services recommended by the designated medical staff for the Games Organizing Committee for the 2010 Ontario Winter Games, I hereby release staff from any and all responsibility for any health problems which may arise as a result of my decision.

Patient Signature (or Parent/Guardian if minor)	Date
Signature of Interpreter	Date
Witness/Interpreter	Date
Signature of Attending Medical Responder	Date

Comments:
