
RIGHT OF REFUSAL OF MEDICAL AID
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PRODUCTION TITLE _____

DATE _____

I, _____, hereby refuse the proper first aid treatment deemed necessary by the First Aid person employed by my production for the injury and/or illness incurred by me on this date.

In signing this waiver, which I am doing knowingly and voluntarily and in full recognition of the risks associated with refusing first aid treatment, I relieve _____ from any and all liability relating

(Production Company Name)

or resulting from my refusal to accept such first aid treatment, including, without limitation, any personal injury that I may suffer, up to and including death.

Worker's Signature

Date

Worker's Name (print or type)

Job Title or Position/ Department

First Aid (signature)

Witness (signature)

**This form should be signed, dated, and returned to the
Unit Production Manager/Line Producer.**
