



A Cast & Crew Entertainment Company

Right of Refusal of Medical Aid

CLIENT COMPANY _____

PROJECT TITLE _____

This form has been given to you because you have refused or declined an initial offer of treatment by a set medic or other trained medical personnel or transportation for medical treatment by a health provider.

I, _____, hereby refuse the first aid treatment by the First Aid Person employed on this project or transportation for medical treatment by a health provider for the illness or injury incurred by me on this date _____.

In signing this waiver, I relieve the production company and CAPS, LLC ("CAPS") from any all liability or damages resulting from this refusal to accept such first aid treatment.

Employee Name (Print or Type)

Job Title or Position

Employee Signature

Date

Supervisor Signature

Supervisor Name (printed)

Set Medic Signature

Set Medic Name (printed)

Please return this form to:

New CAPS, LLC

10600 Virginia Avenue

Culver City, CA 90232

FAX: 310-733-1802

You may also e-mail a scan of the completed and signed form to WorkersComp@capspayroll.com.

10600 VIRGINIA AVENUE
CULVER CITY, CA 90232
310-280-0755
FAX: 310-733-1802
capspayroll.com