
Right of Refusal of Medical Aid Beyond Set Medic

PRODUCTION TITLE/DEPARTMENT/EVENT _____

This form has been given to you because you have refused Medical Aid Beyond the Set Medic.

I _____ hereby refuse Medical Aid Beyond the Set Medic for the illness or injury incurred by me on this date _____ .

In signing this waiver, I relieve the production entity and Paramount Global and all of its entities from any and all liability or damages resulting from this refusal of Medical Aid Beyond the Set Medic.

Employee Name (Print or Type) _____ Job Title or Position _____

Employee Signature _____ Date _____

Medic Signature _____ Medic Name (printed) _____

Please submit via email, within 24 hours of knowledge of injury, this completed form along with the incident report to all of the following:

Paramount Global:

Sharon.Brennan@paramount.com

Barrie.Wexler@viacom.com

Fairly Group:

Cristen.Nixon@fairlygroup.com