AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR and LIABILITY WAIVER

| hereby hospita superv It is hospita agent(s aforem | al care which is deemed actision of any physician and sunderstood that this auth al care being required but, s) to give specific consentmentioned physician in the second | by X-Ray, anesthetic, medical dvisable by, and is to be ren surgeon licensed under the orization is given in advance is given to provide authority to any and all such diagnos exercise of his or her best ju | , a mino al or surgical diagnosis or trea dered under the general or s e Provision of the Medical Pra e of any specific diagnosis, tr y and power on the part of our sis, treatment or hospital care udgment may deem advisable cial responsibility for exercisin | atment and pecial actice Act. eatment, or aforesaid which the e; and neither |
|--|---|---|---|--|
| 1. | Family Doctor | Phone | | _ |
| 2. | Person(s) Other than parent or guardian to contact in an emergency; | | | |
| | | Phone | Relationship | _ |
| | | Phone | Relationship | _ |
| 3. | Medical concerns or learning disabilities: | | | |
| 4. | Known Allergies: | | | |
| 5. | Health Insurance Co | | | _ |
| | Policy Number | | | |
| | This authoriza | ation shall remain in effect | t until revoked in writing. | |
| SIGNA | TURE (Parent or Legal G | uardian) | | |
| Addres | ss | | | _ |
| Mother's phone | | Father's phone_ | Father's phone | |
| | | | | |
| person | | races, regattas and related | oviding the facilities, equipme I activities being held during N | |
| Club, the owners loss, experson | he Weatherby Lake Impros, employees, agents, or vexpense, cost, damage, oble or property of the undersi | vement Company, the City of olunteers (herein after refer ligation or claim arising out of | NOT TO SUE the Weatherby of Weatherby lake, their offic red to as Weatherby Lake) fro of or resulting from the injury d by an act or failure to act on ivities and further; | ers, directors, om any and all or death to the |
| | | | ESS Weatherby Lake from an es taking place at Weatherby | |
| Parent | , Legal Guardian, or Partic | | Date: | |