



Parental/Guardian Consent, Acknowledgement and Release for treatment of a minor

I, the undersigned parent or legal guardian of _____, a minor, do hereby consent to emergency medical treatment, including, but not limited to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment of said minor which is deemed advisable by, and is to be rendered under the general supervision of a physician, surgeon, athletic trainer or school nurse. It is understood that this authorization is given in advance of any specific diagnosis or treatment being required. It is given to provide specific consent to any and all such diagnosis or treatment which the aforementioned physician, surgeon, athletic trainer or school nurse in the exercise of his/her best judgment may deem advisable and neither the physician, surgeon, athletic trainer, school nurse or any organization involved assumes any financial responsibility for acting under the authority granted by this consent authorization. Further, I do hereby consent to the release of medical information set forth above or otherwise known to The Out-of-Door Academy to any physician, surgeon, athletic trainer or school nurse in connection with the diagnoses or treatments contemplated by this authorization.

I, the minor's parent and/or legal guardian, understand the nature of athletic activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue, and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the minor's school and its administrators, directors, agents, officers, directors, volunteers and employees (each considered to be one of the Releasees herein) from all liability, claims, demands, losses or damages on the minor's account caused or alleged to be caused in whole or part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage or cost any may incur as the result of any such claim.

Printed Name of Parent/Guardian: _____

Address: _____ **City:** _____ **St:** _____ **Zip:** _____

Phone: _____ **Date:** _____

Parent/Guardian Signature (only if participant is under the age of 18): _____

THIS FORM WILL BE COPIED AND SENT ON ALL OFF-CAMPUS TRIPS.