

# AUTHORIZATION TO ATTEND EVENT

## EMERGENCY MEDICAL TREATMENT AUTHORIZATION

Please type or print all information. This form must be completed by the parent, legal guardian or person loco parantis for the participant.

<b>Participant</b>				
Name _____		Birth Date: Month _____ Day _____ Year _____		
Last	First	Middle Initial		
Mailing Address _____				
	Street	City	State	Zip
Sex (circle one)	F    M	Email Address _____		
Aktion Club _____				

<b>Emergency Information:</b>	
In case of emergency contact _____	Relationship _____
Daytime phone _____	
Alternative contact _____	Relationship _____
Daytime phone _____	

I am the parent or legal guardian for the above named participant and give my permission for him/her to attend the event sponsored by the New England & Bermuda District of Kiwanis. I certify that the information provided above is correct.

In case of an emergency, I understand that every effort will be made to contact the emergency contacts listed above. In the event those persons can not be reached or time does not permit, I hereby give permission to a licensed physician or other licensed medial provider, to provide proper treatment, including but not limited to hospitalization, injection, anesthesia and/or surgery, for the above-named participant. On behalf of myself and my ward, I/we hereby RELEASE, WAIVE AND FOREVER DISCHARGE New England & Bermuda District of Kiwanis, Kiwanis International and its officers, directors, employees, parents and subsidiaries, agents, from any and all claims, liabilities, causes of actions, damages, demands, judgements, executions, liens and costs whatsoever, in law or equity, including, without limitation, liability for death or bodily injuries to any person or damage to any property resulting from any (i) claims made against medical providers of emergency services under this authorization or (ii) the New England & Bermuda District or Kiwanis International for obtaining medical emergency services for said participant pursuant to this authorization.

Parent or Guardian \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

(required if under the age of 18)