

## YMCA RELEASE FROM LIABILITY AND AUTHORIZATION TO OBTAIN MEDICAL TREATMENT

In consideration of the acceptance of my child or ward to participate in the activity described below sponsored by the North Canton YMCA, I for myself and for my child or ward and my and his or her executors, indemnify and save and hold harmless the North Canton YMCA, its trustees, officers, agents, employees, volunteers, members, supervisors of the activity and associated functions, providers of transportation and those in any way connected with or participating in or sanctioning the activity and functions associated therewith whether individually or jointly and severally from and against any and all claims, suits, damages, demands, actions, liabilities, losses or expenses whatsoever which may arise at any time from said child's or ward's participation in such activity to include but not limited to injuries sustained during the activity or associated function.

I, the undersigned, being the parent or guardian of the child named below, a minor, hereby authorize any adult supervisor of an activity into whose care the minor has been entrusted to consent to and authorize after reasonable attempt, to obtain permission from parent/guardian, any x-ray, examination, anesthetic, medical, dental, or surgical care, diagnosis or treatment by any licensed physician, dentist or surgeon in any hospital, doctor's office or medical clinic which may be necessary for said minor as a result of participation in the activity or associated function.

I hereby state that a copy of this authorization may be submitted for the original, which I understand, will be on file at the North Canton YMCA

\_\_\_\_\_  
Child Name \_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_  
Date

Type or print all of the following information:      EVENT   **Brandywine Bus Trip**  

\_\_\_\_\_  
Name of child \_\_\_\_\_  
Name of Parent(s)/Guardian(s)

\_\_\_\_\_  
Address \_\_\_\_\_  
Day Phone Evening Phone

\_\_\_\_\_  
City                      State                      Zip

Emergency Contact Information:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Medication Child is taking: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_