MINICOURSE PERMISSION FORM: URBAN
ASSUMPTION OF RISK, RELEASE OF LIABILITY, and
AUTHORIZATION TO TREAT

NAME: 
PHONE: 
EMAIL: 
MINICOURSE: 
DATES: 
LEADERS: 
YOG: ’10 ’11 ’12 ’13

ASSUMPTION OF RISK
The student named above has my permission to attend the minicourse named above and to participate in the activities it entails. I understand that there are significant risks, both known and unknown, inherent in the activities associated with the minicourse named above and with transportation both to and from the destination. Furthermore, I understand that these risks could foreseeably result in property damage, bodily injury, or death, and I knowingly accept and assume those risks.

RELEASE OF LIABILITY
Being fully aware of these risks, I hereby voluntarily release and agree to hold Marin Academy, its employees, and trustees harmless from any and all liability, claims, demands, or causes of action which are related to or stemming from the above named student’s participation in activities associated with this minicourse, including negligence.

AUTHORIZATION TO TREAT
In the event that the student named above, a minor, becomes sick or is injured, I do hereby authorize and consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment rendered under the general or special supervision of any member of the medical staff of any licensed hospital or medical facility in California or any other state. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned physician or medical practitioner in the exercise of his or her best judgment may deem advisable. It is understood that a good faith attempt shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

EXPLANATION OF RISKS AND DANGERS
The danger and risks associated with this minicourse stem from the fact that we’ll be traveling and performing the above described activities outside or off campus and with unpredictable access to emergency rescue and medical aid. Risks associated with city-based, suburban, and rural minicourses may arise from any of the above, and may also include urban travel and traffic accidents. While all trip activities will be supervised by qualified and experienced personnel, and while safety will be our primary concern, it is impossible to guarantee that accidents will not happen.

I have read this document, I understand the risks I am accepting by signing it, and I agree to the validity and enforceability of this ASSUMPTION OF RISK, RELEASE OF LIABILITY, and AUTHORIZATION TO TREAT.

SIGNATURE OF PARENT OR LEGAL GUARDIAN ___________________________ DATE __________

PHONE CONTACT IN CASE OF EMERGENCY: ___________________________
PEDIATRICIAN OR FAMILY PHYSICIAN: _____________________________

PHONE: _____________________________

MEDICAL INSURANCE PROVIDER: _____________________________

POLICY NUMBER: _____________________________

PERTINENT MEDICAL INFORMATION: allergies, medication, relevant medical history, etc.

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________________________________________________________________________

STUDENT’S DATE OF BIRTH: _____________________________

MOST RECENT TETANUS TOXOID BOOSTER: _____________________________