

Authorization to Treat a Minor / Medical & Liability Release

I am fully aware of and appreciate the risks and other damages and losses associated with participation in this rowing program. I agree that (a) the Mile High Rowing Club: (b) associated coaches, volunteers, board members and parents, as a group or as individuals, assume no liability or financial obligation for any loss, accident or illness incurred by my participant/athlete in the course of his/her association with the program. The participant/athlete is in good physical condition with no limitations. There are no known diseases, mental or physical conditions or medications taken that could result in the participant being harmed by this program. While I understand that hospital / physician / coaches will try to contact me, as the parent/guardian of the participant/athlete, I authorize in my absence, the emergency evaluation and treatment deemed necessary by the attending physician in the case of an accident or illness.

I (we), the parent(s) or legal guardian(s) of the participant/athlete, a minor, do hereby authorize and consent for medical treatment as deemed necessary by an emergency room physician. 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 in the exercise of his/her best judgment may deem advisable. It is understood that the effort shall be made to contact the parent(s) or legal guardian(s) prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the parent(s) or legal guardian(s) cannot be reached. I understand that I am responsible for the costs of all medical treatment. I will notify the Head Coach who is legally responsible for my athlete should I be out of the country during practice or a regatta.