

# Emergency Medical Authorization And Liability Release For Lease Group Participants

**Nationwide Children's Hospital**

Group Name \_\_\_\_\_

Participants Name \_\_\_\_\_

Age \_\_\_\_\_

Purpose: To enable independent adult participants or the parents/legal guardians of participants to authorize the provision of emergency treatment for participants who become ill or injured while under the supervision of Recreation Unlimited Farm and Fun instructors during programs, events and activities at Recreation Unlimited Farm and Fun.

**A. Complete Only If Above-Named Participant is Under Age 18 or Not His/Her Own Legal Guardian**

In the event of a medical emergency involving the above-named participant, if reasonable attempts to contact me at one of these phone numbers: \_\_\_\_\_ or \_\_\_\_\_ or at \_\_\_\_\_ (the other parent or legal guardian) have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by Dr. \_\_\_\_\_ (preferred physician) at \_\_\_\_\_ (phone) or Dr. \_\_\_\_\_ (preferred dentist) at \_\_\_\_\_ (phone) or in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and (2) the transfer of the above-named participant to (preferred hospital) \_\_\_\_\_ or any other hospital reasonably accessible.

**B. Complete Only If Above-Named Participant is Over Age 18 and is His/Her Own Guardian**

I hereby give my consent for (1) the administration of any treatment deemed necessary by Dr. \_\_\_\_\_ (preferred physician) at \_\_\_\_\_ (phone) or Dr. \_\_\_\_\_ (preferred dentist) at \_\_\_\_\_ (phone) or in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and (2) the transfer to (preferred hospital) \_\_\_\_\_ or any other hospital reasonably accessible.

I hereby forever release, waive, discharge, and covenant not to sue Recreation Unlimited Farm and Fun and/or the sponsoring agency, its associates, volunteers, agents, successors, assigns, trustees, and/or members, its affiliated clubs, their representative administrators, directors, coaches, other participants, sponsoring agencies, individual sponsors, advertisers, heirs, and if applicable, owners and lessors of premises used to conduct the event, all of whom are hereinafter referred to as "the Released Parties," from demands, losses, claims or damages arising from injury to the above-named participant or his/her property caused or allegedly caused, in whole or in part, by the negligence of the Released Parties or otherwise, that occurs during programs, events or activities, in transit to or from Recreation Unlimited Farm and Fun, or during any activity approved by the Released Parties, except when any such loss, claim or damages is caused by, or related to the acts, omissions or negligence of the Released Parties that occurred during the event..

I hereby covenant and agree to indemnify and save harmless the Released Parties from any and all damages, expenses, fees, costs, claims, losses arising out of any loss or injury sustained by the above-named participant as a result, in whole or in part, of the Released Parties furnishing medical care to above-named participant or the Released Parties arranging for the hospitalization and medical care of the above-named participant.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Facts concerning the participant's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted (attach additional sheets, if necessary): \_\_\_\_\_

All program activities at Recreation Unlimited are activities by choice. It is the responsibility of the participant or Lease Group representative for the participant to choose not to participate in an activity that may adversely affect physical or mental health.

I/WE HAVE READ THE ABOVE AUTHORIZATION AND UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS AND HAVE ACCEPTED/ASSUMED SUBSTANTIAL RISK AND LIABILITY.

I certify, warrant and represent to possess the cognitive ability to read and comprehend all the statements made in this form.

I certify, represent, and warrant that I am either the above-named participant at or beyond the age of majority, with the legal capacity and cognitive ability to sign this form, or the parent/legal guardian of the above-named participant with the legal authority, cognitive ability and legal capacity to sign this form on behalf of the above-named participant.

\_\_\_\_\_  
 First Parent/Legal Guardian or Participant Age 18 or Older and His/Her  
 Legal Guardian

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 \*Second Parent/Legal Guardian

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name

\*Note: If second parent signature is not possible, then the first parent/guardian certifies that the second parent/guardian's signature is not required or the second parent/guardian has authorized the above-named participant to pursue this activity and agrees to all statements listed above.

<p><b>THE FOLLOWING INFORMATION IS REQUIRED:</b>                  INSURANCE COVERAGE for accidents or illness while participating in programs as a lease group participant at the facility of Recreation Unlimited Farm and Fun is the responsibility of the participant and/or family/legal guardian. Please list major medical accidental/health insurance coverage and/or Medicare/Medicaid information.</p>	
INSURANCE CARRIER:	_____
POLICY/GROUP NUMBER:	_____
MEDICARE NUMBER:	_____
MEDICAID NUMBER:	_____