

Date: _____
Project: _____

LIABILITY WAIVER

CITY OF HIGHLAND ADOPT-A TRAIL PROGRAM / VOLUNTEER PROGRAM

CONSENT TO MEDICAL TREATMENT OF MINOR

If the applicant is under 18 years of age, the parents or guardians must execute this consent in addition to the minor.

I hereby authorize any duly authorized doctor, emergency medical technician, paramedic, nurse, hospital or other medical facility to treat said minor for the purpose of attempting to treat or relieve injuries received by said minor while he/she was a participant or observer at the event named below.

I authorize any licensed physician to perform any procedure which he/she deems advisable in attempting to treat or relieve any injuries or any related unhealthy conditions said minor he/she may encounter during any necessary operation.

I consent to the administration of anesthesia to said minor as deemed advisable by any licensed physician.

I realize and appreciate that there is a possibility of complication and unforeseen circumstances or consequences in any medical treatment and I assume any such risk on behalf of the said minor. I acknowledge that no warranty is being made as to the results of any treatment.

The undersigned parent and natural or legal guardian of said minor does hereby represent that he/she is, in fact, in such capacity and agrees to save and hold harmless and indemnify the CITY OF HIGHLAND and its directors, officers, employees, volunteers, agents, and representatives, event holders, event sponsors, event directors, event volunteers, doctors, emergency medical technicians, paramedics, nurses, hospitals or other medical facilities from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any deficit in or lack of such capacity to so act and release said parties on behalf of both of the undersigned.

NAME OF MINOR _____

NAME OF PARENT(S)/GUARDIAN(S) _____

ADDRESS _____

Number

Street Name

City

State

Zip

PHONE _____

Home

Other

MINORS SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____