



Humatak Community Foundation Inc. Informed Consent & Waiver Form

Participant's Last Name, First Name Date of Birth Age Sex

Parent/Guardian's Last Name, First Name Home Phone Number

Email Cell Phone Number

Address City State Zip

Emergency Contact Info: Please check whom to contact first

() Contact father:

Name Cell Phone Other Phone

() Contact mother:

Name Cell Phone Other Phone

Medical History/Special Needs

Does your child have an IEP (Individual Education Plan) at his/her school? Y__ N__ If yes, please give us related information (below) so that our instructors can best serve your child. In addition, please list medical history (allergies, physical needs/issues, etc.):

Health Insurance # Family Doctor Name Phone

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event of a medical emergency, the undersigned Parent(s)/Guardian(s) of the above named participant(s), hereby grants authorization to the Humatak Community Foundation Inc. and its representatives, officers, agents and employees to employ any legally licensed physician or health care facility on behalf of each of the undersigned, and to direct and/or order emergency medical treatment for the above named participant(s). Each of the undersigned further agrees that neither Humatak Community Foundation Inc. nor any of its representatives, officers, agents and employees shall be liable under any circumstances to anyone for exercising the foregoing authority in the event of an emergency, or perceived emergency.

INFORMED CONSENT AND WAIVER/RELEASE

I, the undersigned, as the parent or legal guardian of the child listed on this form in consideration of the request and permission of my son/daughter to participate in the Humåtak Community Foundation Programs, including, but not limited to swimming and snorkeling, hereby assume full responsibility for all risks of injury or loss which may result from my son's/daughter's participation in this activity and hereby agree to hold harmless, release and forever discharge Humåtak Community Foundation Inc., its officers, agents and employees from and waive any and all claims and demands whatsoever which the undersigned and any of them or any third person of any accident, illness, injury, or death of any person and persons, or damage to or loss or destruction of any property arising or resulting from swimming, or any related activity of my son's/daughter's participation in the aforementioned program and occurring before, during, or after said participation or any time subsequent thereto, save and except that the above provisions shall not be applicable to injury to or death of persons, or damage to or loss of property arising out of the sole negligent acts or omissions of Humåtak Community Foundation Inc., their officers, agents or employees. The terms of this release shall serve as a release and assumption of risk for my son/daughter, heirs executors and administrators and for all my family members.

I understand, agree, and acknowledge that there are risks inherent in the water and land activities conducted by the Humåtak Community Foundation Inc. Programs including, but not limited to, paralyzing injuries, brain injuries, and death. These activities may be of a hazardous nature and/or may include activities such as swimming, a variety of strenuous exercise, and vigorous physical activities. With the full understanding of the facts, I state that, to the best of my knowledge, my son/daughter listed on this application has no medical, physical, mental or emotional health condition which would hinder or prevent his/her active participation in the Humåtak Community Foundation Inc. programs.

PHOTOS

I also understand that Photos are occasionally taken during Humåtak Community Foundation Inc. Program activities and that any photo taken of my child may be used for Humåtak Community Foundation Inc. reporting and publicity purposes.

I have read and understand, and I agree with the informed consent and release and the emergency medical authorization outlined above as it relates to my son/daughter.

Parent or guardian signature_____Date_____