



I/We certify that my/our \_\_\_\_\_ is able to participate in the activity identified, without restrictions (except as noted above). I/We certify that my/our \_\_\_\_\_ is in good health and is in need of no medication(s) or medical treatment(s) except as noted above.

I/We, being the legal parent(s)/guardian(s) of said minor hereby consent to the minor's participation in the event/activity herein described, including swimming or other skilled or strenuous activity (if applicable), in our capacity as the legal parent(s)/guardian(s), and on behalf of the minor child.

I/We hereby certify that I/We have had ample opportunity to discuss the planned event/activity with the leadership of the above named organization and fully understand the risks inherent in such event/activity.

**In the event that medical treatment is necessary for the comfort, safety or well being of my/our minor child, I/We hereby give consent to the organization staff or activity sponsor to secure the necessary and appropriate medical services of a licensed physician or health care practitioner to stabilize and treat the condition, including the use of anesthesia, as deemed appropriate by the treating health care practitioner, at our expense. I/We understand that effort will be made by the organizational staff, activity sponsor or health care practitioner to contact us regarding the situation as soon as medically prudent to do so.**

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date