



CONSENT FOR MEDICAL TREATMENT & RELEASE

- In consideration of being permitted to participate in any program or activity offered by the Poland Recreation Department, I do hereby, for myself, my dependents and administrators, waive and release any and all claims I may have against the Poland Recreation Department, its employees, various sponsoring agencies, and paid and non-paid volunteers.
- I understand that although a physician's examination is not required for registration, it is highly advisable that any participant consult with a physician before participation in athletic and strenuous activities.
- As the parent or legal guardian of the named participant, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.
- I have read this form and understand its content and request registration in this Poland Recreation Department program.

Signature of parent/guardian: _____

Date: _____ Home Phone Number: _____