

Parent/Guardian Release of Liability and Medical Power of Attorney for Participation in the 2018 Greater Washington Suzuki Institute

Child

Name: _____

Address: _____

City, State, Zip: _____

Birthdate: _____

Sex: _____

Guardian

Name: _____

Phone Number: _____

eMail Address: _____

Emergency Information

In case of emergency, please contact: _____

Relationship to Child: _____

Daytime Phone: _____

Alternate Phone Number: _____

Alternate Contact: _____

Relationship to Child: _____

Daytime Phone: _____

Alternate Phone Number: _____

Medical Information

Health Insurance Company: _____

Group Name/Number on Insurance Coverage: _____

Policy Number: _____

Insurance Contact Telephone Number or Other Information: _____

List of allergies, prescription medicines or other medical conditions of which we need to be aware:

Affidavit

I, _____, am the parent/guardian of the above-named child, a student enrolled in the 2018 Greater Washington Suzuki Institute. I hereby certify that the information provided above is correct.

I give my permission this child to participate in the Greater Washington Suzuki Institute scheduled June 25th through June 29th, 2018 at the Bishop O'Connell High School without an accompanying adult. I understand this child will be required to abide by the rules of conduct for the event (<https://gwsuzukiinstitute.org/faqs/>) and that a violation of certain provisions of these rules may result in the dismissal of this child from participation in the event.

I do assume the risk in this child's participation in the event and I acknowledge that I will not seek to have the Suzuki Association of the Greater Washington Area, Greater Washington Suzuki Institute, or Bishop O'Connell High School held liable in the event that any accident, injury, loss of property or any other circumstance or incident occurs during or as a result of this child's participation in the event. This release of liability includes accident, injury, loss, or damages to the child, as well as, to other individuals or property which may result from the child's participation in the event. I hereby release and agree to hold harmless the Suzuki Association of the Greater Washington Area, Greater Washington Suzuki Institute, and the Bishop O'Connell High School, its officials, agents and employees, from any claims arising out of this child's participation in the event(s).

In the case of medical emergency, I understand that every effort will be made to contact the emergency contacts listed above. In the event those persons cannot be reached or time does not permit, I hereby give permission to a licensed physician or other medical provider, to provide proper treatment, including but not limited to hospitalization, injection, anesthesia and/or surgery, for the above-named child. On behalf of myself and my ward/minor, I hereby RELEASE, WAIVE, AND FOREVER DISCHARGE the Suzuki Association of the Greater Washington Area, Greater Washington Suzuki Institute, and their officers, directors, employees, parents and subsidiaries, agents, from any and all claims, liabilities, causes of actions, damages, demands, judgements, executions, liens and costs whatsoever, in law or equity, including, without limitation, liability for death or bodily injuries to any person or damage to any property resulting from any (i) claims made against medical providers of emergency services under this authorization, or (ii) against the Suzuki Association of the Greater Washington Area or the Greater Washington Suzuki Institute for obtaining medical emergency services for child pursuant to this authorization.

I have read and understand and accept all of the statements recited above and accept full responsibility as described.

_____ Date: _____
Student's Signature (as appropriate)

_____ Date: _____
Parent's/Guardian's Signature

_____ Date: _____
Parent's/Guardian's Signature