

Parental Authorization Form with Medical Liability Waiver for Minors

Minor's Full Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Relationship to Minor: _____

Contact Phone Number: _____

Emergency Contact Name and Phone: _____

Event/Activity Name: _____

Date(s) of Event/Activity: _____

Authorization & Medical Release

I, the undersigned parent/legal guardian of the minor named above, hereby authorize participation in the above-named event/activity. In the event that I cannot be reached in a medical emergency, I authorize and consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment by a licensed healthcare professional.

I acknowledge that participation may involve risk. I hereby expressly assume all such risks and agree to release and hold harmless the organizers, their agents, employees, and volunteers from any and all liability for injury, loss, or damage to person or property incurred as a result of the minor's participation, except to the extent of gross negligence or willful misconduct.

Medical Information

Allergies/Medical Conditions: _____

Medications: _____

Primary Doctor Name & Phone: _____

Insurance Provider & Policy #: _____

Parent/Guardian Signature

Date _____

Important Notes:

- This form should be completed and signed by a parent or legal guardian only.
- Make sure all medical information is current and accurate.
- This form does not take the place of personal medical insurance for the minor.
- Retain a copy of this document for your records and provide a copy to the event organizers.
- Contact organizers with any questions about the waiver or activity.