

Yurok Tribe Education Department

MEDICAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISK

All reasonable measures will be taken to safeguard the health and safety of participants, and you will be notified as soon as possible in case of an emergency. However, in the unlikely event that a serious emergency or incident arises, it may become necessary for a physician to attend to your child before the staff could get in touch with you.

Participants Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Note any special medical condition(s) or allergies: _____

(I) (we), the parent(s) or legal guardian(s) of the above-named student, a MINOR, do hereby authorize The Yurok Tribe, it's employees, officers, agents, or volunteers as agents for the undersigned to consent to any first aid, x-ray examination, anesthetic, medical or surgical diagnosis, or treatment rendered through the facilities of the nearest physician or licensed hospital, _____, whether such diagnosis or
(Preferred hospital)

treatment is rendered at the office or said hospital. I will assume full responsibility for all medical, nursing, or surgical care, including transportation for my child.

I understand and acknowledge that:

- These activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities;
- Some of the injuries/illnesses which may result from participating in these activities include, but are not limited to, sprains/strains, fractured bones, unconsciousness, head and/or back injuries;
- Participation in these activities is completely voluntary and, as such, is not required by the Yurok Tribe;
- In order to participate in these activities, I agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities;
- I agree that the Yurok Tribe, its employees, officers, agents, or volunteers shall not be liable for any injury or illness suffered by me, which is incidental to and/or associated with preparing for and/or participating in this activity.

The undersigned agrees to defend, indemnify, and hold harmless the Yurok Tribe, its Council, officers, agents, and employees, individually and collectively, from and against all costs, losses, claims, demands, suits, actions, payments and judgements, including legal and attorney fees, arising from personal or bodily injuries, property damage or otherwise, however caused, brought or recovered against any of the above that may arise for any reason from or during or be alleged to be caused by the undersigned.

Parent/Legal Guardian's Printed Name: _____

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

Phone Number _____ Alternate Number: _____

Medical Insurance Company: _____ Policy # _____

Subscriber Name and Number: _____

Name of alternate contact person: _____ Relationship: _____ Phone #: _____

