Name: _____

ADULT FORM

DEEP CREEK SAILING SCHOOL, Inc.

IMPORTANT -- PLEASE READ

To insure your safety when involved in the Deep Creek Sailing School activities, we require that you execute this medical release so that you could receive medical treatment in the event of an emergency. This form will be kept at the club during sailing activities.

AUTHORIZATION TO CONSENT TO TREATMENT

The undersigned does hereby consent to any emergency X-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon duly licensed.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his best judgment may deem advisable, and neither said agent nor any organization involved assumes any financial responsibility for exercising this action.

Family Doctor _____Phone number_____
Persons to contact in emergency:

1._____Phone number_____

2._____Phone number_____

Medical problems_____

Known allergies_____

Hospital Insurance Plan _____

Insurance Plan #_____

This authorization shall remain effective for (dates)_____or until revoked in writing.

.

Signature_____Date_____

Printed Name _____