

2010 Notarized Parental Consent and Medical Release Form

(for participants under 18 years of age)

Fiji Panama

Name of Participant _____ Age _____

Address _____

City _____ State _____ ZIP _____

Parent(s) business phone numbers _____

Alternate emergency contact person & phone number _____

Please Initial:

_____ We (I) understand that should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

_____ We (I) authorize emergency medical treatment or surgery, if necessary.

_____ We (I) understand that included in the cost of this trip there is secondary insurance coverage.

_____ We (I) authorize our (my) child to ride in any vehicle designated by the adult in whose care our (my) child has been entrusted while on this trip.

Sign below to acknowledge that the information you provided on this page is true and correct.

Participant _____ Date _____

Father _____ Date _____

Mother _____ Date _____

Legal Guardian _____ Date _____

State of _____ County of _____

On _____ before me, _____, Notary Public,
personally appeared _____

personally known to me

proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature of Notary