

**Spokane Mountaineers
CONSENT FOR TREATMENT OF MINOR
AND ACKNOWLEDGMENT RELEASE OF ALL CLAIMS STATEMENT**

Full Name of Participant: _____
Address: _____
City, State and Zip: _____
Home Phone: _____ Date of Birth: _____

Name of Parent/Guardian: _____
Address: _____
City, State, and Zip: _____
Employer: _____
Home Phone: _____ Business Phone: _____

EMERGENCY AUTHORIZATION

We, the undersigned parents of the participant, a minor, do hereby authorize the directors, officers, leaders, assistant leaders, instructors, assistant instructors, or members acting in the capacity of activity supervisors/vehicle drivers, as Agents for the undersigned, to consent to medical, surgical, or dental examination, treatment, etc. In case of emergency, we hereby authorize treatment and/or care of event participant at ANY hospital. If there is an emergency and we cannot be reached, please contact:

Full Name of Emergency Contact: _____
Address Emergency Contact: _____
Phone Number of Emergency Contact (Please include area code): _____
Emergency contact is hereby authorized to act in my/our behalf.

Does this minor have any history of allergies? Yes or no (circle one). Describe reaction: _____

Does this minor have any history of respiratory or musculo-skeletal problems, or other medical problems? Yes or no (circle one). Describe problem(s): _____

List any regularly taken medications (provide name, dosage, and frequency): _____

If you wish a family doctor to be contacted in case of emergency, please list name and phone:
Doctor's name: _____ Phone: _____

RELEASE OF ALL CLAIMS AGAINST THE SPOKANE MOUNTAINEERS

To the fullest extent allowed by law, and in consideration of the permission granted to my child/ward to participate in activities offered by the Spokane Mountaineers, I hereby agree to **RELEASE, INDEMNIFY and HOLD HARMLESS** the Spokane Mountaineers, its directors, officers, leaders, assistant leaders, instructors, assistant instructors, and members from any claims resulting from any loss or damage suffered by me or any family member as a result of the child/ward's participation.

1. In addition to the above, I also agree to **RELEASE, HOLD HARMLESS and INDEMNIFY** the entities named above for any claims of the minor. I agree to be responsible to any medical expenses incurred by the minor.
2. I, the parent or guardian, have read this RELEASE and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Signature of parent or guardian: _____ Date: _____

Signature of minor participant: _____ Date: _____

This form should be presented to the trip leader at the beginning of all trips.