LIFESAIL

LifeSail Inc. Sailing Programs

PARENTAL CONSENT FOR MEDICAL, OPTICAL AND/OR DENTAL CARE OF A MINOR

Minor's Name _____

I, the undersigned, am a parent having legal custody or other person having legal custody or guardianship of the above-listed Minor. In consideration of said Minor's participation in the LSI Sailing Program of LifeSail Inc. (LSI), related activities and use of LSI's facilities, I hereby authorize LSI staff to consent to medical, optical, or dental care, or all, of said Minor, including any X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment or hospital care under the general or special supervision and upon the advice of or to be rendered by a licensed physician or dentist, all at my sole expense. Any revocation of this consent must be evidenced by writing and will result in the Minor's immediate dismissal from the Program.

Non-Liability of LSI

I agree that in no event will LSI, its parent companies, affiliates, or the partners, owners, directors, officers, employees, agents and committee persons of any of them have any liability whatsoever arising from or in connection with any medical, optical, or dental care rendered or to be rendered pursuant to the above Consent.
I certify that I have carefully read, understand and agree to the above.

_____ _____ _____
Parent/ Guardian Signature Date
Print Name

_____ _____ _____
Parent/ Guardian Signature Date
Print Name

Tel. (day) _____ Tel. (cell) _____

Address _____ City _____ State _____ Zip _____

Medical Insurance Carrier _____ Plan/Group _____ Number _____

Tel. (day) _____
Alternate Emergency Contact Name Tel. (cell) _____

Tel. (eve) _____
Print Name