

MEDICAL CONSENT

In the event of an accident or injury to myself, my spouse or any child of mine (specifically including my child named on this registration) or in the event of illness of myself, my spouse or any child of mine while in, on or about the premises of the Hoover Sailing Club or while participating in any activity sponsored by or under the auspices of the Hoover Sailing Club under circumstances where I am physically unable to consent or am not present:

1. I hereby voluntarily consent to the furnishing to myself, my spouse or any child of mine or in my care of such medical care, attention & treatment by any hospital, physician or physicians as such hospital, physician or physicians may deem necessary or advisable.
2. I authorize any officer or member of the Hoover Sailing Club to consent to such medical care, attention or treatment.
3. I agree to pay the reasonable cost of such medical care, attention or treatment and to indemnify and hold free and harmless of and from any and all liability for such cost as may be incurred by Hoover Sailing Club and its officers, Employees, Race Committee Officials or volunteers, members and instructors.

I, the undersigned, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or procedure rendered under the general or specific supervision of any member of the medical staff or of a dentist licensed under the provisions of the State of Ohio and/or of any hospital holding a current operating certificate issued by the State of Ohio. 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 to render care which any physician in the exercise of his/her best judgment may deem advisable and/or necessary. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Parent or Legal Guardian Signature: _____

Date: _____

In Case of Emergency

Call: _____ **Phone:** _____

If unable to reach call:
_____ **Phone:** _____

**HEALTH INSURANCE
CARRIER:** _____

**INSURANCE ID
NUMBER:** _____