

## Medical Authorization & Parental Permission For 2018

I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_ . I warrant that I possess all the rights, powers, and privileges of a parent or legal guardian necessary to execute this legal instrument with binding legal effect.

As a parent or legal guardian of \_\_\_\_\_, I certify and affirm that I have been completely and thoroughly informed that as a youth attending Oasis of Hollywood, my child will participate in certain activities that carry with them a degree of risk and danger.

Examples of risky and dangerous activities include, but are not limited to:

- physical activities, both indoors and outdoors;
- sports, both informal and organized;
- use of recreational equipment;
- field trips, both on and off campus;
- travel by automobile;
- activities around water, including swimming and boating;
- hiking; and camping.
- Psychomotor activities, including skateboarding.

I acknowledge and understand that Oasis of Hollywood may offer other activities not listed above that present similar risks or dangers to my child.

I consent to my child's participation in these activities. I acknowledge and understand that this PARENTAL CERTIFICATION, CONSENT AND RELEASE has the same force and effect regardless of whether the activities engaged in are free or if a fee is charged. Further, I personally assume, on my child's behalf, all risk in connection with said activities for any harm, injury, or damages that may befall my child as a result of my child's participation in the activities, whether foreseen or unforeseen, and I still wish to allow my child to proceed with the activities.

I acknowledge and agree that Oasis of Hollywood shall not be held liable in any way for any occurrence resulting directly or indirectly from these activities that results in injury, death, or any other damages to my child, me, or my family, heirs, or assigns. In consideration of my child being allowed to participate in these activities, on behalf of my child, I hereby personally assume all risk in connection with said activities, for any harm, injury, or damage that may befall my child, me, or my family, heirs, or assigns while engaged in such activities.

I understand that the terms herein are contractual and not mere recital; I have signed this document as my own free act. It is my intention by signing this document to exempt and release Oasis of Hollywood from all liability whatsoever for personal injury, property damage, or wrongful death caused by negligence.

I further acknowledge and agree that my signature on this PARENTAL CERTIFICATION, CONSENT AND RELEASE shall constitute a bar to any recovery by my child, me, or my family, heirs, or assigns in all suits and actions that may be instituted against Oasis of Hollywood, its agents, servants, or employees for injuries or death to my child, whether or not same resulted from the negligence of Oasis of Hollywood, its agents, servants, or employees, or due to the negligence of my child, or due to the risks ordinarily incident to my child's participation in these activities, or due to the contributory negligence of my child.

Pictures or video may be taken during the different activities for the use of promoting Oasis of Hollywood activities and my consent will be implied unless Oasis of Hollywood is notified otherwise in writing with the student's name and with the parent's/guardian's signature.

I understand that it is my obligation to inform the management of Oasis of Hollywood of any and all health considerations or medical conditions that would restrict my child's participation in any and all activities while at Oasis of Hollywood.

I have fully informed myself of the contents of this PARENTAL CERTIFICATION, CONSENT AND RELEASE by reading it before I signed it.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

#### MEDICAL TREATMENT AUTHORIZATION

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I understand that the Oasis of Hollywood will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

I agree to notify the Oasis of Hollywood in the event of any health changes, which would restrict my child's participation in any normal youth or children's activities. I also understand that the adult supervisors reserve the right to restrict any child from any activity that they do not feel is within the physical capabilities of my child.

In case of emergency, I hereby authorize Oasis of Hollywood personnel to contact emergency personnel and release pertinent personal information. I also agree to release Oasis of Hollywood and its personnel, agents, and volunteers from any liability resulting from and/or in connection to any activities associated with Oasis of Hollywood.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home address/apartment number/City/Zip

\_\_\_\_\_  
Family Doctor

\_\_\_\_\_  
Doctor's Phone Number

**MEDICAL RELEASE FORM**



Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_