

# MERMAIDS HAWAII

410 Magellan Avenue, #1003, Honolulu, Hawai'i 96813-1857

Cell: 808-864-8122, E-mail: MermaidsHI@aol.com

Alice P. S. Roberts, Artistic Director

## EMERGENCY AUTHORIZATION - ADULT

PRINT NAME of ADULT \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_

Do you have any disabilities, handicaps, present injuries or limitation, allergies, hemophilia, heart condition, diabetes, epilepsy, history of respiratory illness or any other significant medical condition?

Yes  No IF Yes, PLEASE STATE PROBLEMS BELOW ↓

If you wish **FAMILY DOCTOR** contacted in case of emergency, fill in below

PRINT Doctor's NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

PRINT Hospital if applicable \_\_\_\_\_ PHONE # \_\_\_\_\_

## EMERGENCY AUTHORIZATION

I the undersigned hereby authorize the coaches, assistant coaches, or parents of team members acting in the capacity of activity supervisors/vehicle drivers, as my Agents to consent to medical, surgical, or dental examination and/or treatment. In case of emergency, I hereby authorize treatment and/or care at any hospital. If there is an emergency, please try to contact:

PRINT Full Name of Contact \_\_\_\_\_ Relationship \_\_\_\_\_

PRINT Address of Contact \_\_\_\_\_  
PHONE # \_\_\_\_\_

## Waiver of Liability and Disclaimer

I, the above named individual, acknowledge that participation in athletic events necessarily involves risk of physical injury. I further acknowledge that the programs of Mermaids Hawai'i are primarily administered by volunteers rather than paid professionals. In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individual in its program, I hereby release, discharge, and hold harmless Mermaids Hawai'i, its employees, volunteers, and other representatives from any claims arising out of or relating to any physical injury that may result to said individual while participating in Mermaids Hawai'i sponsored events, including any physical injury caused by negligence of any official, referee, or coach while performing his/her duties during any practice or performance.

## Acknowledgment and Consent

For both the internal and external use, I acknowledge that Mermaids Hawai'i may compile address and mailing labels, and may utilize mermaiding photographs of the named individual. I consent to such uses and hereby waive all right to compensation.

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Signature of Adult

Date

1.9.15