

MANATEE HEAT MEDICAL RELEASE FORM
Home Educated Activities Teams

Child's Name (PRINT CLEARLY)

STATEMENT OF PARENTS OR LEGAL GUARDIANS

I/We give permission for our child to take part in all Manatee HEAT activities, including sports and sponsored trips, and I/we absolve, protect, and hold harmless Manatee HEAT and their respective employees, agents, board members, governing officers, and successors, from liability to me or my child because of injury to my child, unless caused by gross negligence of one or more of the protected parties.

Further, in the event my child becomes ill or is injured while under Manatee HEAT's supervision, I approve the Manatee HEAT authorities taking the following steps:

1. Contact a parent/legal guardian of the student and follow his/her instructions.
2. Contact the student's physician and follow his/her instructions, in the event neither parent can be reached.
3. Use their own discretion in contacting a properly licensed physician and follow his/her instructions if the student's physician cannot be reached.

If, in the opinion of a properly licensed and practicing physician, my child named above, needs medical or surgical services which require consent before being supplied, and I cannot be reached, I/we hereby authorize, appoint, and employ the Athletic Director, Coach, or his/her designee, to furnish on my behalf such written or oral authorization as may be so required.

Further, I release the Athletic Director, Coach, or his/her designee, and Manatee HEAT and USA HEAT, Inc., from any liability that may arise from the giving of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as reasonable possible after the need arises.

THIS FORM WILL REMAIN ON FILE AS LONG AS STUDENT IS AN ATHLETE WITH MANATEE HEAT.

_____ Father's signature	AND/OR	_____ Mother's signature
_____ Print name as signed above		_____ Print name as signed above
Date _____		Date _____
_____ Notary Signature (Notary Seal)		_____ Notary signature (Notary Seal)
Notary: please check one: <input type="checkbox"/> as to mother <input type="checkbox"/> as to father <input type="checkbox"/> both parents/legal guardians <input type="checkbox"/> Personally known by notary OR <input type="checkbox"/> identification shown		Notary: please check one: <input type="checkbox"/> as to mother <input type="checkbox"/> as to father <input type="checkbox"/> both parents/legal guardians <input type="checkbox"/> Personally known by notary OR <input type="checkbox"/> Identification shown
_____ Type of identification shown		_____ Type of identification shown

