

To: The Lithuanian Scouts Association, Inc., Detroit, Michigan

MEDICAL RELEASE of

_____ *Print Name of Child*

Born on _____, _____

(Home address) _____

I (we) acknowledge that the above-named individual is participating at a Lithuanian Scouts Association, Inc. activity at Camp Dainava in Manchester, Michigan without health insurance.

In case of sudden illness to the above-named individual in any Lithuanian Scouts Association, Inc. (hereinafter referred to as the Association) activity whatsoever, I (we), as parent or parents, guardian or guardians authorize the senior representative of the Association present to give any and all emergency medical treatment necessary.

Should it be impossible to reach me (us) in an emergency, I (we) hereby grant authority to the senior representative of the Association present to select and retain a physician; and I (we) authorize that physician to hospitalize, secure proper treatment, and to order injections, anesthesia, or surgery for the above-named individual.

Furthermore, I (we) agree to indemnify the Association and Camp Dainava, their officers, and their successors and assigns and save them harmless from any and all debts, liabilities and expenses incurred as a result of any medical treatment given the above-named individual. I (we) understand that any resulting debts, liabilities and expenses are exclusively our responsibility.

Signed on this _____ day of _____, _____

Applicant _____

Parent or Guardian _____

Parent or Guardian _____

Address _____
