

MINOR CHILD CONSENT TO MEDICAL TREATMENT

(LAST NAME)

(FIRST NAME)

In the event that I am not present with my child during an Owasco Velo Club cycling activity,

I, _____, the (parent) / (guardian)

of _____, a minor child whose

birth date is _____, and who is the child of

_____ and _____

hereby authorize any duly authorized doctor, hospital or other medical facility to treat said minor for the purpose of attempting to treat or relieve any injuries received by said minor while he was a participant in any Owasco Velo Club cycling activity. I authorize any licensed physician to perform any procedure which he / she deems advisable in attempting to treat or relieve any injuries or any related unhealthy condition of said minor that he / she may encounter during any necessary operation.

Until such time when the above authorized medical personnel are present and available to perform such procedures, I authorize any designated Owasco Velo Club Officer or Ride Leader to make decisions on said minor child's behalf for the purpose of providing health and welfare in the interim. I consent to the administration of anesthesia as deemed advisable by any licensed physician. I realize and appreciate that there is a possibility of complications and unforeseen circumstances with any injury and the medical treatment received as a result of such injury. I assume any such risk on the behalf of myself and said minor. I acknowledge that no warranty is being made as to the results of any treatment.

NAME

RELATIONSHIP TO MINOR

STATE OF _____ § COUNTY OF _____ §

BEFORE ME, a Notary Public in and for said County and State, personally appeared

_____ who acknowledged that he / she has read the above and foregoing instruments and that the execution of both was his / her voluntary act and deed and that all statements therein are true and correct.

Witness my hand and seal this _____ day of _____, 20_____

Notary Public in and for

_____ County, _____

My Commission Expires: _____