Medical Release and Temporary Surrogate Authorization

Legal Notarized Form

Note: For long-distance travel or travel outside the United States, please sign this form in the presence of a notary public and return to the recreation facility.

As the legal guardian of _____, age _____, I authorize the staff of Seattle Parks and Recreation (Parks) or Associated Recreation Council (ARC) staff to act on my behalf in approving any medical care and/or surgical procedures for this youth during the planned travel. Additionally, I authorize staff to act on my behalf in taking any action as needed to maintain this child's safety and welfare during the excursion.

I understand that staff will, whenever possible, consult with me regarding any decisions that are made about my child's welfare. If it is not possible for that consultation to occur, I understand that either Parks or ARC staff will make a decision based on the information they have available with emphasis on the safety and well-being of the child.

In consideration of my child participating in this trip, I do hereby waive, release, and forever discharge any and all rights and claims for damages against the City of Seattle, Board of Park Commissioners, Associated Recreation Council, Seattle Parks and Recreation, and any staff members or their representative successors for any damages sustained or suffered by this child in connection with his/her travel or program participation, except in cases of gross negligence.

I have completed the Medical Information Form thoroughly, noting any medical requirements or restrictions, including special diet needs, pertaining to my child. I have informed and received approval for this authorization for all other legal guardians of my child.

Name (Please print)_____ Work Phone _____

Address _____ Home Phone _____

Signature _____ Date _____

This form must be signed in the presence of a State of Washington Notary Public.

State of Washington)
) ss.
County of King) I certify that I know or have satisfactory evidence that _____ signed this instrument, on oath stated that he/she was authorized to execute this instrument, and acknowledge it to be the free and voluntary act of said party for the uses and purposes mentioned in this instrument.

_____
Signature of Notary Public

_____
Notary Public in and for the State of Washington

Residing at _____

My appointment expires _____

_____
Printed Name