

# WPTSD Summer Camp

## Authorization to Attend

All WPTSD Summer Camp attendees whether participant or non-participant must complete or have a parent or legal guardian complete, if under 18 years of age this Authorization to Attend before they can attend or participate in any activities during the WPTSD Summer Camp.

Registration, health information, physical examination, and your Medical Treatment Option letter must be completed and must be received 15 days prior to the start of the Summer Camp.

Please complete and return one form for every attendee.

Attendee's Name: \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

## Authorization for Medical Treatment

I or a parent or legal guardian, if attendee is under 18 years of age must agree to this "Authorization for Medical Treatment" before medical attention can be administered in the event of an emergency. Please indicate your preference for medical treatment by checking one of the boxes below.

I hereby authorize the physician contacted by the seminar representative to provide medical or surgical care for myself or the above named attendee in any Emergency which may occur while I/he/she is attending the Western Pacific Tang Soo Do Association's Summer Seminar.

I or a parent or legal guardian, if attendee is under 18 years of age choose not to sign the above Authorization for Medical Treatment for myself or as the parent or legal guardian of the above named attendee, and will provide a Medical Treatment Option letter specifying any other desired action or treatment in writing, signed and attached to this form.

## WPTSD Summer Seminar Hold Harmless Clause

I, on behalf of myself or as the parent or guardian my underage child, (if any such child is registered as an Attendee) agree to indemnify and to hold the Western Pacific Tang Soo Do Association, its affiliates, instructors, officials and agents, while acting within the scope of their duties, harmless from all lawsuits, causes of actions, demands, and claims, including costs of their defense, arising in favor of myself, my child attendee, or third parties, on account of personal injuries, death or damage to property arising out of the activities related to the above summer camp activities.

Signature of self, parent, or legal guardian's authorization for above named person to attend and participate in the WPTSD Summer Camp.

Print Name: \_\_\_\_\_  Parent  Legal Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_