MOTE MARINE LABORATORY
EMERGENCY MEDICAL TREATMENT
AUTHORIZATION AND VIDEO RELEASE FORM

Student Name	Date of Birth	Parent/Guardian Name
Program Title	Date of Program	
Student Address, City, State, Zip	Age	Home Phone #:
	Gender M / F	Business Phone #:
Health/Accident Insurance Company (Name & Policy Number)		**COPY OF INSURANCE CARD, FRONT & BACK, IS REQUIRED**
Emergency Contact:		Emergency Phone #

Please list ANY physical limitations, medical problems, and special dietary/medical needs. Medicines must be administered by the student. If no special considerations need to be made, please write "N/A."

RELEASE AND WAIVER OF LIABILITY: I give permission for Mote Marine Laboratory staff to provide any medical assistance they feel appropriate for my child named above. I also give permission for any emergency personnel to treat my child in the event of an emergency. I will be responsible for any and all medical expenses that may be incurred. In consideration of the right to participate in the Mote Marine Laboratory Education Program, I, for myself and my minor child, have and do hereby assume all risks and will indemnify and hold harmless Mote Marine Laboratory, its employees, trustees, officers, volunteers, and members from any and all liability, actions, causes of action, debts, claims, demands or other liability of every kind and nature whatsoever which may arise from or in connection with my child's participation in any activities sponsored through MML, whether caused by ordinary negligence or otherwise. This signed agreement will serve as a release or assumption of risks for my heirs, executor and administrators, assigns, or next of kin and for members of my family. If any portion of this release is found invalid, the balance will remain in full legal force and effect.

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