



Medical Release/Waiver Form

I understand that no matter how well planned there may be inherent dangers and risks in conjunction with these trips, known or unknown, relating but not limited to land, water, or transportation; field outings, swimming, walking, or other activities; accommodations; accidents; illness; availability or adequacy of medical care or rapid evacuation; terrorism, strikes; or any Act of God. This release is intended to discharge in advance FLOWLOVESYOU Foundation, including all of its directors, officers, agents, volunteers, sponsors and employees (collectively referred to as FLOW), from and against any and all liability arising out of or connected in any way with my or my child/legal guard's participation in the above activities, including without limitation injuries to person (whether or not resulting in death) and/or damage or loss to property, even though the liability may arise out of active or passive negligence or carelessness on the part of the person or entities mentioned above. Furthermore, as part of the consideration in participating in these events, I hereby agree that I, my heirs and assignees will not make claim against, sue, attach the property of, or prosecute FLOW and any sponsor, or any affiliate organization for injury person (whether or not resulting in death) or damage resulting from active or passive negligence, carelessness or other acts, howsoever caused by FLOW or its affiliates, as a result of my participation in the above activities. I agree that in the unlikely event that any dispute arises between FLOW and myself, the dispute shall be governed by California law and resolved in a state or federal court sitting in Santa Cruz County, California. In the event that the above named individual is a minor, I certify that I am the legal parent or guardian of the above participant, that he/she is in good physical condition and I give my permission for him/her to participate in the above activities. I hereby grant permission to FLOW to take my or my child/legal guard's photo while participating in activities or programs to use for publicity. Each adult participant registering on this form requires a signature. One parent/guardian may sign for all minors. I understand that my signature is a legal and binding signature and will be considered original if received by fax.

My son/daughter, listed below, has my permission to attend these FLOWLOVESYOU Foundation Events. He/she will be riding on FLOW provided transportation, unless prior arrangements have been made by FLOW staff. I understand that if discipline issues arise, FLOW reserves the right to send my student home at my expense.

Student Name _____	Age _____	Signature _____
DOB ____/____/____	Circle One: M or F	Grade _____ School _____
Home Phone _____	Cell _____	
Email _____	I came with _____	

Parent(s) Name _____	Home Phone _____	Work _____	Cell _____
Parent(s) Name _____	Home Phone _____	Work _____	Cell _____
Address _____	City _____	State _____	Zip _____
Insurance Co. _____	Policy # _____	Doctor _____	Phone _____
Emergency contact (other than parent/guardian) _____	Phone _____		

Special Medical Conditions of Minor (Such as Diabetes, Allergic Reactions, Medications currently using):

May Tylenol, Benadryl, Cough drops or Tums be administered? _____ Yes _____ No Last Tetanus Shot? _____

The undersigned, being either a parent with legal custody or the legal guardian of the minor whose name appears below (the "minor"), hereby authorize any adult person at FLOW in Santa Cruz, California into whose care the minor has been entrusted to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, dental diagnosis or treatment, and/or hospital care to be rendered to the minor under the general or special supervision and under the advice of a physician and surgeon or dentist licensed under California law. The parent hereby agrees to fully pay all costs of medical or dental care incurred for the Minor by the agent under this authorization. The authorization is given pursuant to California Civil Code section 25.8 and shall remain in effect during the dates above. The parent hereby authorizes any hospital which has provided treatment to the Minor to surrender physical custody of the Minor to the gent upon completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

Signature of Parent/Guardian _____

Print Name _____ Date _____