

**AMP'd Limited**  
Medical Release/Waiver Form

I am the parent/legal guardian of \_\_\_\_\_, who is a participant/student of AMP'd Limited.

In the event that I am not immediately available, should the participant suffer a serious or life-threatening injury for which emergency medical treatment maybe necessary, I hereby authorize an appropriate adult staff member to engage qualified medical personnel to initiate any necessary medical treatment or care. In the event of such injury, it is understood that the staff member will use all reasonable efforts to notify me (or the emergency contact listed on my child's application), where practical, prior to initiating medical treatment for any such injury to the student. Should neither party be available, an appropriate staff person will contact appropriate medical personnel to initiate the necessary medical treatment, and I hereby give permission to any such physician or other medical personnel to provide such medical treatment such individual deems medically appropriate. I agree that the staff member in consultation with appropriate medical personnel may coordinate medical treatment for any other type of injury.

I understand and agree that I am responsible for all medical care expenses incurred to treat the participant's injuries including, without limitation, physician, hospital, lab, drug and device expenses. The following policies or coverage are available to cover the cost of medical care to treat any injury incurred by the participant.

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

On behalf of the participant, the participant's parents, and/or legal guardians, I hereby give approval of the above-named participant's participation in any and all programs and activities sponsored or provided by AMP'd Limited. I understand that there is some inherent risk in participating in any physical activity and do hereby waive, release, absolve, forever discharge, and agree to hold harmless the organizers, supervisors, participants, and persons involved in the operation, organization, sponsorship, supervision or participation of these activities and programs, including without limitation Katie Campbell, AMP'd Limited instructors, or volunteers for, from, and against any claim or cause of action of any nature whatsoever that may be available to the student or his/her parents and/or legal guardians, arising out of any injury, accident or illness to the student, arising in any way out of or in connection with the student's participation in such programs and activities.

\_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Legal Guardian Signature

**Emergency Contact Information**

In case of emergency, contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Work/Cell #: \_\_\_\_\_

Second Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Work/Cell #: \_\_\_\_\_