

# 11<sup>th</sup> International Submarine Races

## MEDICAL RELEASE

THE UNDERSIGNED ("Participant") is participating in the 11<sup>th</sup> International Submarine Races ("ISR") taking place in June/July 2011 at the Naval Surface Warfare Center – Carderock Division (formerly the David Taylor Research Center), Bethesda, MD. In the event of any accident, illness or disability requiring immediate medical treatment and care, the Participant authorizes:

The performance of basic emergency first-aid as may be deemed necessary by the ISR staff, and

The treatment by a physician or medical staff person called by the ISR staff to attend to Participant by examining and performing preliminary transportation of Participant to an emergency room of the local hospital or health care facility if deemed necessary by the ISR staff.

Participant agrees to and authorizes any examinations, tests, treatment and medicine deemed necessary by the attending physician and further agrees to pay the cost and expenses of the treatment(s) described above.

_____ Witness Signature	_____ Signature of Participant
	Dated: _____
_____ Witness Name - Printed	_____ Participant Name - Printed
_____ Address	_____ Address
_____ City, State Zip	_____ City, State Zip
_____ Telephone Number	MEDICAL INSURANCE INFORMATION: _____ Insurance Carrier _____ Policy or ID Card Number
	List the Following: 1. Present Medications Being Taken: _____ _____ _____ 2. Known Drug Allergies: _____ _____ _____

**SIGNATURE OF PARENT(S) OR GUARDIAN(S) IF PARTICIPANT IS A MINOR**, and by their signature they, on my behalf release all claims that both they and I may have.

_____ (Parent signature if Participant is a minor)	Date: _____
_____ (Parent signature if Participant is a minor)	Date: _____