

Student's Legal Name _____ School _____

Waiver of Liability Agreement and Parent/Guardian Medical Authorization Consent Form

As a parent/guardian of the above-named child participating in the Midland Health Medical Explorer Post 1950, I understand that this Waiver of Liability Agreement and Parent/Guardian Medical Authorization Consent form must be signed by me in order for my child to participate in the Medical explorers Post 1950 sponsored by Midland Health, Midland, TX.

For purposes of this Waiver, the term "Midland Health" shall include any of its affiliated companies, and all of its directors, officers, agents, volunteers and employees.

I understand that participation may include, among other things, spending time in or about Midland Health or other work sites. I understand that my child will be advised that some information he/she views may be confidential and proprietary. It is expected that my child will keep such information confidential.

By permitting my child to participate in Medical Explorer Post 1950, I understand that I assume all responsibility and risk associated with any exposure to communicable diseases, bloodborne pathogens or any dangers that are obvious or concealed in or on Midland Memorial Hospital or other work sites. I release, discharge, and waive any claims, actions, or suits of any character, name and description that I and/or my minor child may have against Midland Health as a result of any injuries, damages or death received or sustained.

If injuries do occur, neither Midland Health will take responsibility for any monetary charges should a student need medical attention while observing.

Should it be necessary for my child to have emergency medical treatment while participating in Medical Explorers Post 1950, parent gives Midland Health permission to seek emergency treatment and care. Parents will be contacted for non-emergency situations that may arise where medical treatment is required.

By signing this, I hereby agree to all of the above authorizations and permissions.

Furthermore, I have read and fully understand this Waiver and Consent form and have not been offered any additional consideration or enticement, nor have I been coerced to execute this Waiver, and I execute this Waiver fully for the purposes and considerations described.

_____	_____	_____
Printed name of Student	Signature	Date
_____	_____	_____
Printed name of parent/or guardian	Signature	Date