

**NORTH IDAHO WATER POLO MEDICAL RELEASE –  
AUTHORIZATION AND CONSENT FOR EMERGENCY  
MEDICAL AND DENTAL TREATMENT:**

In the event of an injury or illness to my child while participating with North Idaho Water Polo (NIWP), I/We, the undersigned parent(s)/person(s) having legal custody/legal guardian of a minor, authorize NIWP, as an agent for the undersigned (“Agent”), to consent to any and all medical, dental or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered by or under the general or special supervision of any duly licensed health care provider or dentist or by the medical staff of any hospital.

This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the minor including, but not limited to, whether such diagnosis or treatment is rendered at the office of said health care provider, dentist or at said hospital. It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required but is given to provide authority to the Agent to give specific consent to any and all such medical, dental or surgical diagnosis or treatment, and hospital care which a health care provider or dentist meeting the requirements of this authorization may in the exercise of their best judgment deem advisable.

In addition, I/we agree to be financially responsible for all costs associated with such treatment and to forever release Agent NIWP and its officers, directors, employees, volunteers and other agents from any and all liability related to the exercises of the authorization provided herein.

This authorization shall remain effective until the athlete is no longer registered with the Club, unless sooner revoked in writing delivered to said Agent.

Athlete Name: \_\_\_\_\_

Athlete Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_