



Name of Child: _____

MEDICAL TREATMENT AUTHORIZATION

I authorize the coaches of the MCRA to authorize any medical treatment deemed necessary, in the absence of a parent or guardian. We hereby give permission for our child to receive emergency medical or surgical treatment and to be hospitalized if necessary.

Declined

Parent/Guardian Signature: _____

Date: _____

DRIVING PERMISSION WAIVER

I give permission for our child to be transported to and from Maine Coast Rowing Association (MCRA) activities by private car. This permission is in effect for their tenure as an athlete at MCRA, unless revoked in writing. We waive any claims related to such transportation, and hereby indemnify and hold harmless the MCRA organization, its coaches, employees, officers, agents, and parent drivers from any claims related to such transportation.

Declined

Parent/Guardian Signature: _____

Date: _____

PHOTO RELEASE WAIVER

I consent that videos, photographs, electronic images, and/or audio recordings of my child may be used by MCRA for publicity purposes. This includes the website and social media. I understand that the child's name or residence will not be utilized for any reason without my prior knowledge.

Declined

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Printed Name and Address: _____

