

HPS Competition

MEDICAL RELEASE

THE UNDERSIGNED ("Participant") is participating in the HPS Competition taking place on July 28 through Aug 1, 2004 at the Offshore Model Basin. 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 HPS Competition staff, and

The treatment by a physician or medical staff person called by the HPS Competition 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 HPS Competition staff.

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

Date: WITNESS Signature Signature of Participant (& parent)

PARTICIPANT (& Parent) INFORMATION

Name _____
Address _____
City, State, Zip _____
Telephone Number _____

MEDICAL INSURANCE INFORMATION:

Insurance Carrier _____
Policy or I.D. Card Number _____

****All participants must be 18 years of age by July 28, 2004 or the parent has to counter sign with the participant.****