

EMERGENCY INFORMATION AND AUTHORIZATION

In order to assist RHPCS in attending to the health and safety of our child, I/we, the parent(s) or legal guardian(s) of (print student name): _____ acknowledge that I/we must give RHPCS a full and complete description of any health condition(s) or medical restriction(s) that my/our child ("our child") may have. RHPCS will make every reasonable attempt to contact a parent or legal guardian in the event of a medical emergency involving our child. I/We authorize RHPCS's employees, agents and chaperones (e.g., trainers, school nurses, team physicians, designated parent chaperones) to: (1) accompany our child to a medical facility; (2) authorize treatment of our child by licensed medical personnel; (3) authorize and permit a nurse or other first aid or safety personnel to administer first aid or other treatment to our child; (4) take any other actions reasonably necessary to treat our child for any emergency (including illness or injury); and/or (5) to use and/or disclose pertinent health information to appropriate RHPCS representatives charged with the supervision and care of our child, other health care providers or health plans for the specific purpose of triage and treatment of any injury or health condition that may arise during a trip, excursion, or activity. I/We agree that any medical insurance that covers our child will be the primary medical insurance coverage for any such medical treatment.

I/We sign this General Release, Waiver of Liability, and Indemnity Agreement ("Agreement") individually and on behalf of our child, in consideration for RHPCS allowing our child to participate in school-related trips, excursions, and/or activities, and assume all risks arising out of such trips, excursions, and activities. I/We acknowledge that any school-related trip, excursion, athletic participation or other activity has certain inherent risks, including transportation-related risks and risks that arise from the nature of the trip, excursion, or activity.

I/We, individually and on behalf of our child, agree to release, indemnify, and hold harmless RHPCS, its trustees, officers, employees, agents, representatives, volunteers and chaperones from all liabilities and claims for any injuries, losses, death, damages, or costs (including reasonable attorney fees and expert fees) which arise out of or are incidental to our child's attendance or participation in any school related or school-approved trip, excursion, or activity.

EFFECT OF THIS AGREEMENT

I/We agree that this Agreement is binding on the undersigned, individually and on behalf of our child, and our child's estate, heirs, legal representatives, and successors. This Agreement shall inure to the benefit of RHPCS and its trustees, officers, employees, agents, representatives, volunteers, and chaperones.

I/We acknowledge that I/we have read this Agreement and fully understand its contents. I/We represent that I/we are authorized to execute this Agreement individually and on behalf of our child.

I/We are aware that this Agreement is a contract to, among other things, release from liability and to indemnify RHPCS, and that this contract is between RHPCS, our child and his/her parent(s) or legal guardian(s).

I/We further expressly agree that the foregoing release, waiver, and indemnification Agreement is intended to be as broad and inclusive as is permitted by the laws of the state or province construing this Agreement, and that if any portion thereof is held to be invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I/We acknowledge that RHPCS reserves the right to deny participation in any school activity.

Signature of Student (Age 18 and over) Date

Signature of Father/Legal Guardian Print Name Date

Signature of Mother/Legal Guardian Print Name Date