

RELEASE AND MEDICAL AUTHORIZATION FORM

Please complete in full and return to Ocean of Light Summer School
Completion and return of this form is required before participation in event.

Event Location: Seabeck Conference Center

Dates: June 28-July 2, 2025 (Session 1); July 2-6, 2025 (Session 2)

Sponsored by: Ocean of Light Baha’i School Committee

(an agency of the National Spiritual Assembly of the Bahais of the United States)

Name(s) of Adult Participants (18 years and older)

Name(s) of Child/Youth Participants (under 18 years)

Please Read this Release and Medical Authorization before Signing

Release and Assumption of Risk

I understand that during participation in this event one may be exposed to physically and psychologically stressful and challenging situations, including but not limited to, risks and dangers inherent in the activity itself, exposure to forces of nature, motor vehicle travel and possible accident or illness.

If a minor is attending with a sponsor, the parent/guardian has advised sponsor of any special needs of the participant or activities from which the participant should be restricted.

I understand that, although precautions have been taken to provide proper organization, supervision, instruction and equipment for each activity, it is impossible to guarantee absolute safety. I understand that I share responsibility for the safety of the participants listed above and assume that responsibility.

I hereby assume all risks and dangers and release the National Spiritual Assembly of the Bahais of the United States, the Ocean of Light Summer School Committee, all Local Spiritual Assemblies, their officers, agents, employees and volunteers and all groups and persons connected herewith, from all actions, causes of actions, suits and any claims, demands, and liabilities whatsoever, both in law and equity, and or any of their respective officers, agents, and employees, in connection with my participation, and the participation of the Children/Youth listed above, in the Ocean of Light Summer School, except in cases of gross negligence.

Medical Authorization – Applicable to Minors

I also confirm that I am the parent or guardian of the Children/Youth (if any) listed above hereby authorize Ocean of Light Summer School, or its designated representative, as agent(s) for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. As the parent/guardian of a minor

under the age of 18, I understand that this authorization enables Ocean of Light Summer School to arrange medical care for my dependent minor in the event I am unavailable.

I understand that I am responsible for payment of any and all medical expenses incurred on behalf of myself and/or or any of the Children/Youth listed above. This authorization shall remain effective from June 28 – July 6, 2025.

General

The terms hereof shall be binding on my executors, heirs, administrators, and assignees, and shall serve as an assumption of risk and general release for the participant(s) listed above while participating in this event.

Each of the adults listed above signs this Release and Medical Authorization on behalf of themselves and the minors listed above

Name:
Date:
Phone:

Name:
Date:
Phone:

Name:
Date:
Phone:

Name:
Date:
Phone:

Medical Insurance Company: _____

Policy # _____

Physician Name and Telephone: _____

Additional Emergency Contact (*if parent/guardian cannot be reached*): _____

List Allergies, Disabilities, Limiting Health Conditions, Medications, Reactions to Medications:
