MOTE MARINE LABORATORY
EMERGENCY MEDICAL TREATMENT
AUTHORIZATION AND VIDEO RELEASE FORM

Student's Name	Date of Birth	Parent/Guardian Name
Program Title	Date of Program	
Student's Address, City, State, Zip	Age	Home Phone #:
	Gender	Business Phone #:
Health/Accident Insurance Company Name and Policy Number:		COPY OF INSURANCE CARD FRONT AND BACK IS REQUIRED
Emergency Contact:		Emergency Phone #

Please list ANY physical limitations, medical problems, and special dietary/medical needs.

(Use reverse side, if needed.)

RELEASE AND WAIVER OF LIABILITY: I give permission for Mote Marine Laboratory staff to provide any medical assistance they feel appropriate for my child named above. I also give permission for any emergency personnel to treat my child in the event of an emergency. I will be responsible for any and all medical expenses that may be incurred. In consideration of the right to participate in the Mote Marine Laboratory Education Program, I, for myself and my minor child, have and do hereby assume all risks and will indemnify and hold harmless Mote Marine Laboratory, its employees, trustees, officers, volunteers, and members from any and all liability, actions, causes of action, debts, claims, demands or other liability of every kind and nature whatsoever which may arise from or in connection with my child's participation in any activities sponsored through MML, whether caused by ordinary negligence or otherwise. This signed agreement will serve as a release or assumption of risks for my heirs, executor and administrators, assigns, or next of kin and for members of my family. If any portion of this release is found invalid, the balance will remain in full legal force and effect.

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The undersigned hereby authorizes Mote Marine Laboratory personnel to photograph, film, and/or interview the student during a Mote Marine Laboratory Education Program. To prepare slide presentations, photographs, video tapes, audio tapes, movie films, and computerized multimedia in which the student named above will appear, so as to inform the public about the education programs at Mote Marine Laboratory. All rights, royalties, and materials will belong to Mote Marine Laboratory.

PLEASE CHECK ONE

____I, the undersigned, **hereby release and discharge** Mote Marine Laboratory from any and all claims and demands arising out of or in conjunction with the use of visual and audio recordings

____I, the undersigned, **do NOT agree with the above and do not** want my minor child to be photographed, filmed, and/or interviewed for the above purposes**.**

PARENT/GUARDIAN: ***You must sign the completed form in front of a Notary Public.*** **Your minor child will *not* be able to participate unless your signature is witnessed by a Notary Public. Thank you.**

***NOTARIZED SIGNATURE* and *PRINTED NAME* OF PARENT/LEGAL GUARDIAN**	**DATE**

STATE OF________________________________ **COUNTY OF** ____________________________________

The foregoing instrument was acknowledged before me this _________ day of_________________________, **2007**, by, __________________________who is personally known to me **or** who has produced _________ as identification and who (did) (did not) take an oath.

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NOTARY PUBLIC SIGNATURE **EXPIRATION**

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NOTARY PUBLIC PRINTED NAME **STAMP/SEAL**
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