

Gulf Coast HEAT, Inc

5317 Fruitville Rd, Suite 306
Sarasota, FL 34232
941-281-4947

Medical Release Form

We give permission for our child, _____, to take part in Gulf Coast HEAT activities, including sports and sponsored trips, and I/we absolve, protect, and hold harmless Gulf Coast HEAT, Inc and their respective board members, agents, governing officers, and volunteers from liability to me or my child because of injury to my child, unless caused by gross negligence of one or more of the protected parties.

Further, in the event my child becomes ill or is injured while under Gulf Coast HEAT's supervision, I approve the Gulf Coast HEAT authorities taking the following steps:

1. Contact a parent/legal guardian of the child and follow his/her instructions
2. Contact the child's physician and follow his/her instructions, in the even neither parent can be reached.
3. Use their own discretion in contacting a properly licensed physician and follow his/her instructions if the child's physician cannot be reached.

If, in the opinion of a properly licensed and practicing physician, my child named above, needs medical or surgical services which require consent before being supplied, and I cannot be reached, I/we hereby authorize, appoint and employ the Athletic Director, coach or his/her designee, to furnish on my behalf such written or oral authorization as may be so required.

Further, I release the Athletic Director, Coach or his/her designee, or a Board Member of Gulf Coast HEAT from any liability that may arise from the giving of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as reasonably possible after the need arises.

Parent/Guardian Signature _____

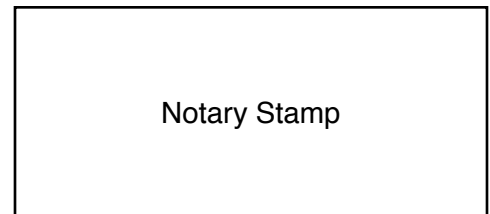
State of Florida
County of _____

The foregoing instrument was acknowledged before me

this _____ day of _____, _____

by _____.

Notary Signature _____



Personally known _____ Or Produced Identification _____

Type of Identification produced _____