

# Riversport Consent for Emergency Medical/ Surgical Treatment and Child Medical Information

## Emergency Services Department

We routinely require that a parent or guardian sign a consent form for treatment of a minor. However, lifesaving treatment will never be delayed due to the lack of consent. If you are going to be out of town, or leaving your child in the care of another, we recommend that you complete the form below. Should a medical emergency arise, this form and your written consent will enable us to immediately treat your child. In a non-emergency situation, every effort will be made to contact you prior to treatment of your child.

### Authority to Provide Medical Assistance:

In the event that medical help is needed I, \_\_\_\_\_  
hereby grant Riversport personnel the power to act in my place to see that such medical assistance is provided as required.

Child's Name \_\_\_\_\_ Family Physician \_\_\_\_\_

Address \_\_\_\_\_ Pediatrician \_\_\_\_\_

Contact # ( ) \_\_\_\_\_ Child's Allergies, If Any \_\_\_\_\_

Birth Date: \_\_\_\_\_

Name of Health Insurance Carrier:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Group #: \_\_\_\_\_

Date of last Tetanus Booster: \_\_\_\_\_

Agreement # \_\_\_\_\_

Medicine Child is Taking: \_\_\_\_\_

In Case of Emergency, I can be reached: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### I have read this form and certify that I understand its contents.

I hereby give my consent to \_\_\_\_\_ (name of person/ agency)  
who will be caring for my child for the period \_\_\_\_\_ to \_\_\_\_\_ to  
arrange for my child for emergency medical/ dental care and treatment to preserve the health of my  
child.

Signature (Mother) \_\_\_\_\_ Date \_\_\_\_\_

Signature (Father) \_\_\_\_\_ Date \_\_\_\_\_

Riversport  
PO Box 95 855 River Road  
Confluence, PA 15424  
814-395-5744

# Riversport "School of Paddling" Instructional Program

PO. Box 95 855 River Road Confluence, PA 15424  
814-395-5744

[www.riversportonline.com](http://www.riversportonline.com)

Thank You for enrolling in our "School of Paddling." We are preparing for your course based on the following information. Please fill out the form, and return to our address.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City/ State/ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work/ Cell Phone \_\_\_\_\_

Course Type: K-1 Kids Camp Parent/ Child OC-1 OC-2 C-1 C-2

Skill Level: Beginner I Novice II Intermediate III Advanced IV Expert V

\*\*\*\*If any of the above information is incorrect or if you would like to change it, Please call us at 814-395-5744 or email us at [andy@riversportonline.com](mailto:andy@riversportonline.com) . **A Deposit of 50% of the tuition is required to secure your reservation.** We still hold classes rain or shine, so rain checks/ refunds are not allowed. Be sure of your reservation before you schedule.

## Read Carefully Waiver and Release of Liability

In consideration of Ruppel, INC, DBA Riversport furnishing services and/ or equipment to enable me to participate in white water boating, I agree as follows:

I fully understand and acknowledge that (a) risks and dangers exist in my use of white water boating equipment and my participation in white water boating activities; (b) my participation in such activities and/ or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/ or total paralysis, death, or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the owners, employees, officers, or agents of Ruppel, INC, DBA Riversport; the negligence of participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; and (d) by my participation in these activities and/ or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/ or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, or employees of Ruppel INC, DBA Riversport, or by any other person.

I, on behalf of myself, my personal representatives and my heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify Ruppel, Inc., DBA Riversport and it's owners, agents, officers, and employees from any and all claims, actions or losses for bodily injury, property damages, wrongful death, loss of services or otherwise which may arise out of my use of white water boating equipment or my participation in white water boating activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers or employees at Ruppel Inc., DBA Riversport.

**I have read the above waiver and release and by signing it agree. It is my intention to exempt and relieve Ruppel INC DBA Riversport from liability for personal injury, property damage, or wrongful death caused by negligence or any their cause.**

Signature \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ (if less than 18 yrs. old)