

CONSENT FOR MEDICAL TREATMENT – 2012 Season

READ BEFORE SIGNING

In consideration of being allowed to participate in, or be present during, all or part of the Boston Militia, LLC (“Boston Militia”) program, including its various activities such as, without limitation, tryouts, exercises, scrimmages, training camps, practices and games, and in the event that I, as a player, coach or staff member, become seriously ill or injured, I hereby consent and grant authority to the trainers and/or physicians working with the Boston Militia, and/or their representatives, to secure the administration of first aid, CPR, AED, and other emergency procedures and/or treatments which may include, but are not limited to, anesthesia, x-rays, medical or surgical diagnosis, etc. This also may include orthopedic injury evaluation and rehabilitation. I understand and agree that the trainers and/or physicians working with the Boston Militia, and/or their representatives, also will make reasonable efforts to immediately contact my emergency contact when such illness or injury occurs, and that these efforts may be made before attempting any such procedures or treatments.

I also hereby grant permission to release medical information to the trainers and/or physicians working with the Boston Militia, and/or their representatives, and for the foregoing to also release medical information to the subsequent care providers and/or the Boston Militia.

PRINT NAME

SIGNATURE

DATE