

---

## Health and Medical Waiver

For:

---

### Health and Medical Waiver

The camper's parent/legal guardian warrants that the camper is physically fit and able to participate in the camp activities, and consents to any employee, agent, or other personnel affiliated with the Minnesota Farmers Union (MFU) Summer Camp ('MFU Personnel'), to seek medical attention and treatment or other measures deemed necessary or advisable in the discretion or judgment of MFU Personnel for the above-named camper in the event of an accident, sudden illness, or other condition that occurs while the above-named camper is in the care or under the supervision of MFU Personnel.

The parent/legal guardian further understands that MFU Personnel will make reasonable efforts to notify the parent/legal guardian or another parent of the camper in the case of an accident, sudden illness or other condition, but authorizes MFU Personnel to seek such care or treatment, and for any care or treatment to be administered, even in the event that either parent or legal guardian are not contacted prior to the seeking or rendering of such, care, treatment, or other measures.

The parent/legal guardian signing this form releases Minnesota Farmers Union and all Minnesota Farmers Union Personnel from any liability for such decisions or actions in seeking medical care and agrees to pay all the costs and fees for the medical care or treatment authorized under this Emergency Medical Authorization.

I have read through this waiver and agree to the terms presented.

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