

***Northern Mariana Islands
Swimming Federation***

CONSENT FOR MEDICAL TREATMENT, GRANT OF CUSTODIAL RIGHTS IN MINOR CHILD
AND CONSENT TO TRAVEL

Known by all these present that I, _____, of Saipan, Commonwealth of the Northern Mariana Islands, United States of America, am the parent having legal custody of _____, a minor, age _____, born _____. I authorize _____, an adult, hereafter called "custodian", in whose care and custody the minor has been entrusted for a trip from Saipan, Commonwealth of the Northern Mariana Islands, to _____, to participate in _____, during the dates on or about _____ and any extensions thereof, consent to any examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor under the general or special advice of any licensed physician or surgeon. This consent extends to dental or oral examination, diagnosis and treatment by a licensed dentist. I personally agree to be responsible for all medical care so given and release and acquit the custodian from any and all liability for his/her exercise of powers hereunder.

Further, I authorize and grant to the custodian the right of care, custody, and control in the minor child for the limited period of the trip so described and specifically authorize him/her to take the minor child into _____(country of territory). I agree to reimburse the custodian for all expenses that he/she may incur in exercising this authority of care, custody, and control over the minor child, and further I release and acquit the custodian from any and all liability for the exercise of the powers hereunder.

In witness whereof, I have set my hand this _____ day of _____

Notary: _____