

MEDICAL CONSENT

TO: Kilray Elite Tennis
Stephen Karman, Inc.

RE: _____
Name of Participant

Street Address

City, State, Zip Code

Gentlemen,

Kilray Elite Tennis.

The undersigned are either the natural parents or legal guardians of the above-named individual who is traveling with Stephen Karman, Inc. In the event a medical or dental emergency arises necessitating medical or dental treatment to the said minor, we hereby give you full power and authority to do and perform all and every act and thing whatsoever to all intents and purposes as we might or could do if personally present with full power or substitution including, but not limited to, the signing of any and all consents requisite or convenient to obtaining medical, dental or hospital treatment for such minor. You may rely upon the recommendations and opinion of any medical practitioner, dental practitioner, or agency furnishing hospital services in the event they advise you that such minor requires such medical, dental or hospital treatment on an emergency basis.

It is mutually agreed that this authorization shall be irrevocable and that any medical practitioner, dental practitioner, or agency furnishing services may rely upon your executing all authorization on our behalf.

It is further mutually agreed that you shall use your best efforts to notify us in the event of such medical, dental or hospital-type emergency.

Dated: _____

Signature of Parent: _____

Name of Parent: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____