



MASTER CLASS - Medical Release

I hereby authorize the staff of the Environmental Forum of Marin to act for me according to their best judgment in any emergency requiring medical attention during Training Programs. I also hereby waive and release the Environmental Forum of Marin from any and all liability for any injuries or illnesses incurred while participating in Training Programs. I have no knowledge of any physical impairment, which would be adversely affected by my participation in the Training Programs.

Student Name: _____

Signature: _____ Date: _____

Person to be notified in case of emergency:

Name: _____

Address: _____

City/St/Zip: _____

Telephone: _____ Cell phone: _____

Relationship to Student: _____

Physicians' Name: _____

Physician's Phone: _____

If you will be using your vehicle during the Program, our insurance carrier requires that we have the following information:

Make/Year of Vehicle: _____

Registered to: _____

Your Driver's License No. _____ Expiration Date: _____

Insured by: _____ Policy number: _____

Note: Any info you submit will be held CONFIDENTIAL by the Environmental Forum of Marin.