

**SHAKE-A-LEG, INC.**  
PO Box 1264 Newport, RI 02840

**Medical Release and Medication Authorization Form**

To whom it may concern:

I, \_\_\_\_\_ hereby authorize Shake-A-Leg and its designated staff to authorize emergency medical treatment in the event that I or my designee as listed on this form are unable to do so.

Pertinent Medical History:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Immunization Status:

\_\_\_\_\_

Last Tetnus/Diphtheria booster date:

\_\_\_\_\_

My child takes the following medications:

\_\_\_\_\_ Does not take medications

List medications (detail related to dose indications and possible side effects can be described using page 3 of this form)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child has the following allergies:

\_\_\_\_\_ Does not have allergies

List allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

ID Number: \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_

Witness \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**SHAKE-A-LEG, INC.**  
PO Box 1264 Newport, RI 02840

**Waiver of Liability and Assumption of Risk**  
(Please note: This is a legal document. You are urged to read it carefully.)

Check one:                    \_\_\_\_\_ Staff                    \_\_\_\_\_ Participant

Program:                    \_\_\_\_\_ Kids Camp                    \_\_\_\_\_ Teen Camp                    \_\_\_\_\_ Adaptive Sailing

I, the undersigned, seek to participate in the 20\_\_\_\_\_ Kids Camp, Teen Camp or Adaptive Sailing Program ("Program") conducted by Shake-A-Leg, Inc., a Rhode Island not-for-profit corporation.

I have been informed and am fully aware of:

1. the specific risks associated with participation in the Program;
2. that in route to or from , at, or in the vicinity of the Program facilities, I may be exposed to risk of personal injury, including loss of life or limb, or I may suffer property damage or loss;
3. that Shake-A-Leg, Inc. gives no assurance or warranties whatsoever as to the safety of persons participating in the Program;
4. that the term .Shake-A -Leg, I nc.. as used in this instrum ent, shall mean that Shake-A-Leg, Inc. and it Directors, Officers, Employees, Agents, Contractors, Independent Lessees, Licensees, and their resp ective legal rep resentatives, heirs, executors, administrators, successors and assigns, and any one or more of such persons or entities.

In consideration of Shake-A-Leg, Inc. extending me the privilege of participating in the Program, I fully assume all risks in connection with my participation in the Program and in particular, without limitation.

1. To the extent permitted by law, I and my heirs, representative, executors or administrators and my undersigned parent or guardian (if any) remise, release, indemnify, acquit and hold harmless and forever discharge Shake-A-Leg, Inc. from any and all liabilities, obligations, damages, penalties, claims, actions, causes of action, demand, judgments, executions, costs, charges, loss of services, expenses, compensation, and any and all other claims whatsoever, both at law and in equity, including, without limitation, attorneys fees, which I may have or may be incurred by, or asserted against me by reason of any occurrences during the period of my travel to and from the Program, or during my participation therein, whether resulting from acts or omissions of any persons, from the operation or condition of facilities or premises, or from acts of God or nature.
2. I agree that this instrument shall be governed by and construed in accordance with the law of the State of Rhode Island, and shall be binding upon my legal representatives, heirs, executors, administrators, successors and assigns.
3. I understand and agree that Shake-A-Leg, Inc. has reserved the right to, and at any time in its sole discretion, cancel the Program or revoke any permission granted to me to participate in it.
4. I hereby acknowledge that I have been provided an opportunity to read this document, that I am fully aware of its legal effect, that I am executing it of my own free will and for my benefit in order to gain permission to participate in the Program and that, in doing so, I have not been subjected to any form of coercion or duress by any member of Shake-A-Leg, Inc.
5. I grant to Shake-A-Leg, Inc. full permission to video, film, photograph and tape my participation in the Program, including any activity sponsored by Shake-A-Leg, Inc. And further grant Shake-A-Leg, Inc. permission to use said video, film, photograph and tape in any educational, documentary, public relations or fund raising activity including, but not limited to, release for any media account of the Program.

EXECUTED on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

(PRINT) Applicant Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Signature \_\_\_\_\_ Phone \_\_\_\_\_

(If a minor, signature of parent or guardian)

**SHAKE-A-LEG CONFIDENCE IS COOL SUMMER CAMP**

**MEDICATION AUTHORIZATION**

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Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ Phone number: \_\_\_\_\_

Prescribing Physician:

\_\_\_\_\_  
Name Telephone number

Medication (s): \_\_\_\_\_

Dose: \_\_\_\_\_ Time: \_\_\_\_\_ Frequency: \_\_\_\_\_

Describe Indications/Diagnosis: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Anything else we should know? \_\_\_\_\_

Can the child self-carry and self-administer this medication? \_\_\_ Y \_\_\_ N

I understand that Shake-A-Leg employs a licensed and registered nurse who will supervise and/or administer medication to my child. The information provided on this form is accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Parent Date

Shake-A-Leg 401-849-8898 [www.shakealeg.org](http://www.shakealeg.org)