

No or Non-Health Insurance Disclosure Agreement

Center for Spiritual Living, Reno

*This executed document is required for any participant attending a 'Center for Spiritual Living' camp/event with no health insurance coverage.

****Participant – Minor under the age of 18**

When deemed reasonably necessary, I, as parent and/or Legal Guardian of said minor, authorize contacting a medical professional and/or providing other necessary medical services to said minor.

I fully understand that I shall be notified as soon as possible in case of an emergency, but I agree that Center for Spiritual Living, Reno has my complete consent, permission and authorization to obtain medical care for said minor. I hereby hold harmless and release liability to Center for Spiritual Living, Reno, its employees, representatives and staff for any medical expenses incurred by said minor.

I hereby agree and accept full responsibility for any and all costs related to such medical treatment.

Signature of Parent/Guardian _____ Date: _____

****Participant – 18 years or older**

When deemed reasonably necessary, I authorize contacting a medical professional and/or providing other necessary medical services to myself.

I agree that Center for Spiritual Living, Reno has my complete consent and permission to obtain medical care for me. I hereby hold harmless and release liability to Center for Spiritual Living, Reno, its employees, representatives and staff for any medical expenses incurred by myself.

I hereby agree and accept full responsibility for any and all costs related to such medical treatment.

Participant's signature _____ Date: _____