

**MEDICAL AUTHORIZATION FOR PARTICIPATION IN THE
CARVER/VALENTINE RYDER CUP GOLF TOURNAMENT
APRIL 27, 2008**

I understand that I hold the San Marino Unified School District, and the San Marino PTA, its officers, agents and employees, and the organizers of the Carver/Valentine Ryder Cup Golf Tournament harmless from any and all liability or claims arising out of or in connection with my participation in this activity. I understand that the event is not sponsored by the District or the PTA's.

In the event of any illness or injury, I hereby consent to whatever x-rays, examination, anesthetic, medical, surgical or dental procedures or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

Name _____ Date _____

Address _____ Phone _____

Signature _____

Medical Insurance Carrier _____ Policy Number _____

In the event of illness or accident, please notify:

Name	Relationship	Phone Number
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PLEASE RETURN THIS FORM WITH YOUR REGISTRATION FORM FOR THE EVENT.

THIS FORM MUST BE COMPLETED AND TURNED IN PRIOR TO PARTICIPATION IN THE GOLF TOURNAMENT.