

Adult
Persons 18 years of age or older

To:
The Lithuanian Scouts Association, Inc.

MEDICAL AGREEMENT

In case of sudden illness or injury to the undersigned in any Lithuanian Scout Association, Inc. (hereinafter referred to as the Association) activity whatsoever, I hereby authorize the senior representative of the Association present to give the undersigned any and all emergency medical treatment necessary.

Should I be mentally or physically incapable of retaining the services of a physician and consenting to required medical treatment, I hereby grant authority to the senior representative of the Association present to select and retain a physician; and I authorize that physician to hospitalize, secure proper treatment, and to order injections, anesthesia or surgery for me.

Furthermore, I agree to indemnify the Association, Its officers, agents, leaders, assistants, representatives, employees, servants, and their successors and assigns against and save them harmless from any and all debts, liabilities, and expenses incurred as a result of any medical treatment given to me.

Signed on this _____ day of _____, 20____ A.D.

Applicant (Print full name) _____

Born on _____, 19____ or Age: _____

Signature: _____

Home Address: _____

