



Medical Authorization and Consent to Treat

Pursuant to California Family Code " 6550 and 6910, I,

_____, a parent or legal guardian having legal custody of the following minor children:

_____,
hereby authorize Avila Bay Athletic Club & Spa, to consent to any X-ray examination (or similar examination such as by CAT/MRI scan), anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care to be rendered to the minor children listed above under the general or special supervision of a qualified physician, surgeon, or dentist. I agree to pay any and all costs for the foregoing. I have no knowledge of any physical or mental impairment that would affect the Participant's ability to participate in this activity.

DATE _____ SIGNATURE _____