

CAIRO AMERICAN C • O • L • L • E • G • E

Middle School Horseback Riding Activity Medical Treatment Release Form

In consideration of my child's participation in the school activity described below, I agree as follows:

- I authorize Cairo American College through its representative to act on my behalf in a medical emergency. This permission includes: obtaining medical assistance, arranging for transport, hospital accommodation, and signing necessary documents related to medical care.
- I agree to pay all costs, charges, and expenses incurred in relation to providing this medical care.
- I hereby release CAC and its representative from responsibility for all expenses, and damages and any other legal liability arising from their decision on my behalf. In this regard, I will not bring any suit or assert any claim against CAC or its representative as a result of any action taken pursuant to the authority granted by me below.

School Activity: **Middle School Horseback Riding Activity
Recoub Al Sorat farm, Mansoureyia Road near Abu Sir, Giza
October 17, 2009 through December 11, 2009 (Saturdays only)**

Student Name: _____

Parent's Signature: _____

Date: _____