



# Portsmouth Scuba

915 Sagamore Ave, Portsmouth, NH 03801 (603) 436-4887

## Consent to Treat/Photo Release Form

### Registration Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Have you received your COVID-19 vaccination? Yes  No

Gender: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (Cell): \_\_\_\_\_ Phone (Home): \_\_\_\_\_

### EMERGENCY CONTACT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**Consent to Treat:** In the event of injury or illness, I authorize (on behalf of myself or my child/ward) Portsmouth Scuba to obtain first aid and/or medical treatment at the nearest and most adequate facility of Portsmouth Scuba's choice. This release is completed and signed of my own free will and with the sole purpose of authorizing medical treatment under emergency circumstances for myself, or in my absence, for the minor child/ward listed.

**Photo Release:** I authorize Portsmouth Scuba to publish, in print, electronic, or video format, the likeness or image of myself or my child/ward, without limitation

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if minor)