

Salesian College Preparatory Sports Participation Release Form

2851 Salesian Avenue, Richmond, CA 94804 (510) 234-4433

Dear Coach,

I hereby give my consent for my child (*print name*) _____ to participate in all activities for (*print name of sport, sports, or clinic*) _____ including without limitation open gyms, conditioning, clinics, practice and games at Salesian College Preparatory.

In rare instances, a medical or surgical emergency requiring treatment arises in which written consent by parents or guardians is legally required, but the proper person cannot be located. In this event, and in order to avoid delay that might jeopardize the life or health of my child, I hereby provide the following permission, with the understanding that reasonable effort will be made to contact me in an emergency:

I hereby grant permission to medical personnel rendering care to my child to accept from the staff of Salesian College Preparatory which includes its coaches, guest coaches, agents, and all other persons or entities affiliated with the sport listed above, permission and consent for emergency medical and dental evaluation and treatment, including, but not limited to diagnostic, drug, and/or alcohol testing and/or surgical procedures on my child.

I hereby specifically grant permission to the athletic training personnel whose services have been provided to Salesian College Preparatory by UCSF Benioff Children's Hospital – Oakland to assess the injury and make appropriate recommendations upon assessment deemed reasonably necessary to the health and well-being of the athlete named. I understand this assessment is not intended to replace a physician's diagnosis/care and should not be viewed as a substitute. In the event that the athletic training personnel determine the further medical attention is deemed necessary, the athlete will be referred to a physician immediately. I understand that in the event that no progress has been made within two weeks of the initial evaluation, the athletic training personnel reserves the right to defer treatment at that time, and the appropriate referral will be made. I further release UCSF Benioff Children's Hospital – Oakland and its employees from any liability for damage and injury to the named athlete and hereby accept the full responsibility for any and all damage or injury sustained as a result of participation in sports and extracurricular activities. I attest that the student information is correct to the best of my knowledge. I have reviewed and hereby give consent for the assessment of injury to the named student-athlete.

I further give Salesian College Preparatory staff permission to release pertinent health information concerning my child to the treating hospital and/or physician, and to give the treating hospital and/or physician permission to release copies of all medical records, laboratory and radiology reports to Salesian College Preparatory staff.

I agree that I will be responsible for any medical/pharmaceutical costs incurred that are not covered by medical insurance. I also agree that Salesian College Preparatory, including its staff, agents or employees, will not be liable for unknown or unforeseen conditions arising from medical/nursing treatment or medications received by my child.

I voluntarily agree, covenant and promise to accept and assume all responsibilities, and risk for injury, death, illness or disease or damage to myself, my child identified above, or to my property arising from my child's participation in the sport identified above, and the use of the premises, facilities, equipment and services offered by Salesian College Preparatory in connection with such sport. I, for myself and for my child, voluntarily release and forever discharge and covenant not to sue Salesian College Preparatory and its staff including its coaches, guest coaches, agents or employees, and all other persons or entities affiliated therewith, from any and all liability, claims, demands, actions or rights or action, which are related to, arise out of, or are in any way connected with my child's participation in the sports specified above, any and all activities related

to such sports, and the use of the premises, facilities, equipment and services offered by Salesian College Preparatory in connection with such sports, including, but specifically not limited to any and all negligence or fault of Salesian College Preparatory and its staff, including its coaches agents or employees.

I further agree, promise and covenant, on behalf of myself and my child specific above, to hold harmless and to indemnify Salesian College Preparatory and its staff, including its coaches, agents or employees, and all other persons or entities related to Salesian College Preparatory, from all defense costs, including attorney's fees, or from any other costs incurred in connection with claims for bodily injury, wrongful death or property damage brought by me, my child, or on our behalf.

Medical Insurance Carrier: _____

Group ID # and Subscriber ID #: _____

Family Doctor's Name and Phone #: _____

My child (print name) _____ suffers from the following physical conditions that might result in emergency care: (e.g., Diabetes, asthma, hypertension, epilepsy, etc.)

None: _____

List Condition(s): _____

My child is allergic to the following medications/drugs:

I further acknowledge that I am in the best position to determine the physical ability of my child to participate in the sports outlined above, and acknowledge that my child is in good physical and mental health, and is not suffering from any condition, disease or disablement which would or could potentially adversely affect participation in the sport.

I HAVE READ THIS FORM, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS FORM IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Parent/Guardian Signature Printed Name Date

Player's/Child's Name Player's/Child's SSN Date of Birth (mm/dd/yyyy)

Parent/Guardian Cell Number Work Number Home Number

Home Address: City, State Zip