



**CARMEL HIGH SCHOOL**  
**SUMMER ACTIVITIES**  
**LIABILITY & MEDICAL RELEASE/CONSENT WAIVER**

Any child without a completed consent to treat form on file prior to the start of camp will not be able to participate in any camp activity.

The undersigned (Parent/Guardian) of (Student's Full Name) \_\_\_\_\_ desires to voluntarily participate in the following activity \_\_\_\_\_, (hereinafter "activity"). I represent that I am knowledgeable of this activity and the risks of personal injury or property damage to child and to others which may be associated with the activity. Notwithstanding these risks.

I understand and agree that Carmel High School accepts no responsibility for my acts or the acts of others while I am participating connection with this activity. In consideration of Carmel High School offering this opportunity and allowing me to participate in this activity, the receipt and sufficiency of said consideration being hereby acknowledged, I hereby do release, relieve, discharge and hold harmless Carmel High School, its officers, trustees, employees, and representatives from any and all liability, whether for personal injury, property damage, or otherwise, arising out of or in connection with participation in this activity and any travel associated with this activity.

I hereby authorize the CHS Director(s) to consent immediate basic first aid and to pursue necessary diagnostic procedure (including x-rays) to the administration of any medical or surgical treatment, or to any hospital care when any, or all are rendered under the general supervision of any physician and/or surgeon licensed under the provisions of the Medical Practice Act. My child is in good health and I know of no medical reason why she cannot participate in any camp activities. This authorization is given in advance of any specific diagnosis, treatment or medical care being required, and pursuant to the provisions of Section 25.8 of the California Civil Code.

By signing below, I acknowledge that I have read and understand the Release of Liability.

**IF THE PARTICIPANT IS NOT 18 YEARS OF AGE OR OLDER, THIS RELEASE MUST ALSO BE SIGNED BY THE STUDENT'S PARENT(S) OR LEGAL GUARDIAN.**

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**STUDENT ATHLETE SIGNATURE** \_\_\_\_\_  
**DATE**

**EMERGENCY CONTACT:** \_\_\_\_\_ **EMERG. PHONE #** \_\_\_\_\_

**INSURANCE CARRIER:** \_\_\_\_\_ **POLICY NUMBER:** \_\_\_\_\_

**INSURANCE ADDRESS:** \_\_\_\_\_ **INSURANCE PHONE #:** \_\_\_\_\_