

Last Name	Division	Team

**CITY OF SAN DIEGO PARK AND RECREATION DEPARTMENT AND RECREATION COUNCIL
WAIVER, RELEASE OF LIABILITY, AND AUTHORIZATION FOR MEDICAL TREATMENT**

PARTICIPANT'S NAME (PRINT): _____ **DATE OF BIRTH:** ____/____/____

ADDRESS: _____
Number Street Apt./Suite City State Zip Code

PHONE: () _____ **EMERGENCY CONTACT NAME:** _____ **EMERGENCY CONTACT #:** () _____

FAMILY PHYSICIAN: _____ **TELEPHONE:** () _____ **INSURANCE COMPANY:** _____

Pertinent Medical History Information (Epilepsy, Diabetes, Allergies, etc.): _____

In consideration of being allowed to participate in City of San Diego and Recreation Council Programs, I acknowledge and agree that:

- Neither the City of San Diego nor the Recreation Council maintains health insurance for injuries to the participant that may arise out of involvement in classes/activities/events.
- By virtue of participation, **PARTICIPANTS RISK BODILY INJURY, INCLUDING, BUT NOT LIMITED TO, PARALYSIS, DISMEMBERMENT, AND DEATH AND OTHER LOSS INCLUDING DAMAGE TO PROPERTY.**
- I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK FOR MY CHILD (AND/OR MYSELF).**
- I RELEASE AND HOLD HARMLESS AND PROMISE NOT TO SUE THE CITY OF SAN DIEGO OR THE RECREATION COUNCIL,** their officers, agents or employees with respect to any and all such injury including, but not limited to, paralysis, dismemberment, death or loss except that injury or loss which results from gross negligence or willful or wanton misconduct of one of those individuals or organizations.
- I agree to inform my child that he/she must follow (or I agree to follow) all safety rules, as well as any instructions given during the classes/activities/events listed below, including during lessons, practices, meets, special events, field trips, games or tournaments.
- I hereby authorize and give my consent for medical care to be given in an emergency situation to the above named child (or to myself) while participating in this activity, including during lessons, practices, meets, special events, field trips, games or tournaments.
- THIS AGREEMENT IS BINDING ON MY HEIRS, PERSONAL REPRESENTATIVES, NEXT OF KIN, SPOUSE AND ASSIGNS.**
- I hereby give permission for the above named child (*or myself*) to be photographed, videotaped or recorded for publicity purposes and that I waive all claims for compensation.
- I certify to the best of my knowledge my child's (or my) current physical condition is satisfactory for participation in the classes/activities/events listed below and that he/she (or I'm) free of any health problem that would affect his/her (or my) ability to participate. Please note: Individuals with health conditions such as, but not limited to, chronic allergies (i.e. asthma), seizures and epilepsy may not participate until a medical clearance has been submitted. In addition, I must notify the coach/instructor/leader of any health condition(s) prior to participation.
- I understand and agree that it is my sole responsibility to ensure that the address and emergency contact information are accurate at all times.
- CONSENT TO TREATMENT OF A MINOR:** In the event of sudden illness, accident or injury which may occur while said minor is engaged in classes/activities/events by City of San Diego and their representative, agents or assignees, when neither the parents, guardian or designated family physician can be contacted, I hereby give my consent for emergency treatment as shall be necessary under the circumstance by any physician licensed under the laws of the State of California.
- The classes/activities/events to which this waiver, release of liability and authorization for medical treatment pertain are:

	<i>Class/Activity/Event</i>	<i>Participant or Parent/Legal Guardian Initials</i>	<i>Date</i>
a.	<u>Flag Football</u>	_____	____/____/____
b.	_____	_____	____/____/____
c.	_____	_____	____/____/____
d.	_____	_____	____/____/____
e.	_____	_____	____/____/____

PARTICIPANT'S SIGNATURE (If Participant is 18 years or older): _____

PARENT/LEGAL GUARDIAN SIGNATURE REQUIRED IF PARTICIPANT IS 17 YEARS OF AGE OR YOUNGER: This is to certify that as a Parent or Legal Guardian of the participant, I consent to his/her waiver and release as set forth above. I realize participation in this program is voluntary.

Parent/Guardian Name (Print): _____ **Relationship:** _____

Parent/Guardian Signature: _____ **Date Signed:** ____/____/____