BEVERLY HILLS UNIFIED SCHOOL DISTRICT

MEDICAL TREATMENT AUTHORIZATION
WAIVER, RELEASE AND INDEMNITY AGREEMENT
ASSUMPTION OF RISK FOR PARTICIPATION IN VOLUNTARY SPORTS PROGRAM

Participant:_____

Description of Activity: _____ **Name of School:**_____

Date(s) of Activity:_____

By my signature below, I hereby give permission for my son/daughter to participate in the above described activity. I realize that this activity is voluntary as part of the BEVERLY HILLS UNIFIED SCHOOL DISTRICT (District) school sports program. I understand that this activity could cause serious illness and/or injury, and I assume all risks for any such illness and/or injury. I am aware that the District assumes no responsibility for any transportation arrangements and no District coverage for medical treatment or liability is provided in connection with this activity. If a participant does not have private medical insurance, low-cost school insurance is available through the District.

For and in consideration of permitting the above named child to participant in the activity described above, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage or wrongful death occurring to him/herself arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue. The undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, bodily injury, property damage or wrongful death against the District or any of its officers, agents, servants, or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise.

The undersigned hereby acknowledges that he/she has been advised of all rules and safety regulations pertaining to this activity and the use of protective equipment by all participants. I understand these safety regulations will be enforced during all games and practices. I fully understand that participants are to abide by all rules and regulations governing conduct during this activity.

The undersigned hereby acknowledges that he/she knowingly and voluntarily assumes all risks of bodily injury to his/her child, as stated, and expressly acknowledges their intention, by executing this instrument, to exempt and relieve the District, its officers, agents, and employees, from any liability for personal injury, bodily injury, property damage or wrongful death that may arise out of or in any way be connected with the above-described activity. I have read the foregoing and have voluntarily signed this agreement. I am aware of the potential risks involved in this activity and I am fully aware of the legal consequences of signing this instrument. I further acknowledge that the District does not provide liability insurance for this program, nor does the District provide medical coverage for participants in this activity.

Health or special needs: Check as appropriate.

	Participant has no special health needs the staff should be aware of, and no medication is required.
	Participant has a special need, and instructions are attached. Number of attached pages: _____.
	Other:

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis, treatment, emergency transportation, and hospital care considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

_____ _____
Parent/Guardian Signature Participant Signature

_____ _____
Parent/Guardian Name (Please Print) Date Phone Number

_____ _____
Street Address City State Zip Code

Health Plan_____ Plan #_____