TWAIN HARTE SCHOOL DISTRICT
MEDICAL TREATMENT AUTHORIZATION
WAIVER, RELEASE, AND INDEMNITY AGREEMENT
ASSUMPTION OF RISK FOR PARTICIPATATION IN VOLUNTARY SPORTS PROGRAM

Participant:_____

After School Sports for Twain Harte School
PLEASE CIRCLE ONE OR MORE:

Basketball Cross Country Track Volleyball Wrestling

## TRANSPORTATION IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN

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

For and in consideration of permitting the above named child to participate in school activities, 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 from 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, property damage, or wrongful death against the District or any of its officers, agents, servants, or employees for any 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 sport activities 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 sport activities.

The undersigned hereby acknowledges that he/she knowingly and voluntarily assumes all risks of bodily injury and/or death 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 sport activities and I am fully aware of the legal consequences of signing this instrument.

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: _____
_____ Allergies such as peanuts, bee stings, etc. 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.

_____ _____ _____
Date of Birth Medical Insurance Carrier Policy Number

Physician: _____ Dentist: _____

In case of emergency we will attempt to contact the following people in the order listed before using the above consent:

_____ _____ _____
Name Relationship to Student Phone Number

_____ _____ _____
Name Relationship to Student Phone Number

Parent/Guardian Signature: _____ Student Signature: _____

Parent/Guardian Name (Please Print): _____ Date: _____

Address: _____ Phone Number: _____