

LIABILITY RELEASE
SAN DIEGO STATE UNIVERSITY
Women's Lacrosse Summer Camp

In consideration of (PRINT NAME) _____, my minor child or legal ward (my "Child"), being allowed to participate in the San Diego State University Women's Lacrosse Camp, and related events and activities, the undersigned hereby acknowledges and agrees as follows:

The activities of this program may have significant risk of injury, including potential permanent paralysis and death. Rules, equipment and personal discipline are designed to reduce the risk. However, there is always a risk of serious injury.

I will instruct my child to comply with the rules governing participation in this program. If I have any concern about my Child's ability to participate in the program, or about the program itself, I will remove my Child from participation and immediately inform the nearest program official of my concern.

I, for myself and my Child, and for all heirs, assigns, personal representatives, and next of kin of myself and/or my child, HEREBY RELEASE San Diego State University and San Diego State University Foundation, their officers, officials, agents, volunteers and employees, the Women's Lacrosse Camp staff and volunteers, other program participants, sponsors, and sponsoring agencies of the program, and owners and lessors of any premises used to conduct the program ("RELEASEES") FROM ANY LIABILITY FOR ANY INJURY, DISABILITY OR DEATH OF THE MINOR, LOSS OR DAMAGE TO PROPERTY ARISING OUT OF THE PARTICIPATION OF THE MINOR IN THE PROGRAM TO THE FULLEST EXTENT PERMITTED BY LAW.

I HEREBY ASSUME ALL RISKS OF INJURY, known and unknown, to my Child arising from participation in the program, AND ASSUME FULL RESPONSIBILITY FOR PARTICIPATION OF MY CHILD.

I, for myself and my Child, and for all heirs, assigns, personal representatives, and next of kin of the Minor, HEREBY INDEMNIFY AND HOLD FREE AND HARMLESS THE RELEASEES FROM ALL LIABILITIES, LOSS, DAMAGE, COSTS AND ALL OTHER CLAIMS FOR EXPENSES ASSERTED AGAINST THE RELEASEES WHICH MAY ARISE FROM INJURIES TO PERSONS (I.E. MINOR CHILD) OR PROPERTY OCCASIONED BY ATTENDANCE AT OR PARTICIPATION IN THIS CAMP; EVEN IF ARISING FROM THE SOLE NEGLIGENCE OF THE RELEASEES, TO THE FULLEST EXTENT PERMITTED BY LAW.

I HAVE READ THIS DOCUMENT IN ITS ENTIRETY, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE WAIVED SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY, VOLUNTARILY, AND WITHOUT ANY INDUCEMENT.

SIGNATURE OF PARENT/GUARDIAN _____
NAME (PLEASE PRINT) _____
DATE _____

MINOR'S STATEMENT OF ACKNOWLEDGEMENT OF RISK

I understand the activities involved in this program may be dangerous and that I could be seriously hurt, paralyzed or even killed. I believe that I am physically and mentally able to participate fully in this program. However, if I sense any change in my physical or mental condition, I will stop participating immediately and inform the nearest official.

I HAVE READ THE PARAGRAPH ABOVE, UNDERSTAND AND AGREE WITH WHAT I HAVE READ, AND CHOOSE TO SIGN THIS STATEMENT. I WILL ACCEPT ALL RISKS OF BEING HURT KNOWN AND UNKNOWN, AND TAKE FULL RESPONSIBILITY FOR MY BEHAVIOR.

MINOR PARTICIPANT'S SIGNATURE _____
NAME (PLEASE PRINT) _____ DATE _____

MEDICAL CONSENT FORM

NAME _____ AGE _____

ADDRESS _____

CITY/STATE _____ ZIP _____

TELEPHONE HOME(_____) _____ WORK(_____) _____

Does your child have any severe medical problems, i.e. asthma, allergy to medications, allergy to bee stings, heart trouble, epilepsy, diabetes, physical handicaps, etc.? Please specify: _____

Should there be any limits on her physical activity? If so, what are they? _____

Has your child had any serious illness in the last three years? If yes, please explain: _____

May we contact the doctor for medical reports? YES ___ NO ___

In case of emergency, person to contact if parent/guardian cannot be reached?

Name _____ Address _____

City, State, Zip _____

Telephone _____ Relationship to program participant? _____

Is participant covered by medical insurance? YES ___ NO ___ If yes, what kind? Medi-Cal ___ Kaiser ___

Other _____

Please provide medical coverage information (Medi-cal card number, Kaiser card number, or other insurance claim form). _____

When was the last time your child had a complete physical examination? Date _____

Doctor's Name _____ Address _____

City, State, Zip _____

Telephone _____

I do hereby authorize the performance of medical examinations and necessary treatments (including tests, x-rays, drugs, etc.) as may be deemed advisable for the period of time that my minor child or legal ward is enrolled as a participant in the Women's Lacrosse Camp. If an emergency arises requiring a major medical procedure, the program will attempt to reach me and to be guided by my wishes, but if I cannot be reached, I authorize the attending physician to act as medical judgment may dictate.

PARENT/GUARDIAN SIGNATURE _____

DATE _____