

Release of Liability Form

Acknowledgement & Assumption of Potential Risk for Voluntary Sports Event or Activity

(Student name) _____ has my permission to participate in (activity) _____
_____. **I fully understand the following:**

Clubs and Sports pose some inherent risk of a participant being seriously injured. These injuries could include, but are not limited to, the following:

- | | |
|--------------------|---------------------|
| 1. Sprains/strains | 4. Unconsciousness |
| 2. Fractured bones | 5. Head Injuries |
| 3. Cuts/abrasions | 6. Loss of eyesight |

All participants in this activity should understand that the participation is voluntary and is not required by the school.

The undersigned has read and hereby agrees to hold Golden Valley Charter Schools of Sacramento, its employees, agents, volunteers and/or sponsors, and any other person, firm or corporation charged or chargeable with the responsibility or liability, free and harmless from any and all claims, demands, damages, costs, expenses, loss of services, action and causes of action resulting from the use of the facilities, equipment and participation by (student name) _____ in the above named sport. In the event of illness or injury, I do hereby consent to medical/hospital treatments that are determined necessary in the best judgment of the attending physicians or dentists.

Parent/legal guardian signature

Date

Student's Emergency Contact Information:

(Please Print)

Student's Name: _____ Grade/Class: _____

In the event of illness or injury and you cannot be reached, please contact;

Name of Contact: _____ Relation to Child: _____

Phone #: _____

Alt. phone #: _____

Medical Information:

Physician name: _____ Phone: _____

Health insurance/MEDI-CAL (per Ed. Code 32220- 32224): _____

Plan Name: _____ Medical#: _____

List any medical conditions, allergies, or other limiting factors:

Parent/Guardian Contact Information:

Parent/Guardian Name: _____ Phone #: _____

Work/Cell #: _____ Email (print): _____