

WAIVER OF LIABILITY AND MEDICAL RELEASE

CHILDS NAME: _____ has my permission to participate in the AAU sports program. I, the undersigned, parent/guardian, assume all risks and hazards coincidental to participating in this activity. I do hereby waive, release, absolve, indemnify and agree to hold harmless the Manson Parks and Recreation District, and the Manson School District their supervisors, participants and instructors from any claim arising out of injury to my child. I, the undersigned, parent/guardian of the participant, am fully aware of the potential dangers and risks inherent in this activity, including physical injury, death or other consequences that may arise or result directly or indirectly from participation in the activity.

In the event of an accident or illness to our son/daughter, we authorize the identified representative of the AAU team to obtain such medical diagnostic services as may be deemed necessary.

Emergency treatment of a life threatening condition is authorized. Telephone contact for management of all serious conditions will be attempted if possible.

INFORMATION ABOUT YOUR CHILD:

ANY MEDICAL PROBLEMS: YES () NO ()
IF YES, PLEASE EXPLAIN:

ALLERGIC TO ANY DRUGS: YES () NO ()
IF YES, PLEASE LIST THE DRUGS:

Child's Name: _____ Home Phone: _____

Parents Name: _____ Work Phone: _____

Emergency Contact: _____ Phone Number: _____

Insurance Company: _____ Insurance Number: _____

Doctor: _____ Phone Number: _____

Parent/Guardian Signature: _____ Date: _____