



Sheriff's Activities League

Participant Waiver

SAL ID# _____

Name _____ Age _____ Male? _____ Female? _____
Last First Middle

Home Address _____

Home Phone # _____ Birth Date _____
Number Street City State Zip

School _____ Grade _____

List any medical problems / allergies / medications _____

List any restrictions to medical treatment _____

Father /Guardian _____ Phone#(day) _____ (night) _____

Mother /Guardian _____ Phone#(day) _____ (night) _____

In case of emergency contact: _____ Phone # _____

In case of emergency contact: _____ Phone # _____

Physician/HMO _____ Phone # _____

I have read and understand and approve the **AUTHORIZATION TO TREAT A MINOR** (with any restrictions I may have listed), **RELEASE FROM LIABILITY** and the **VIDEO-PHOTO RELEASE** on the back side of this page.

Signature of parent or Legal Guardian

Date

Hemet Sheriff's Activities League
43950 Acacia Ave.
Hemet, CA 92544
(951) 791-3425

"BUILDING THE BOND BETWEEN COPS AND KIDS"

VIDEO-PHOTO RELEASE

I understand that during a Hemet Sheriff's Activities League program and/or activity, my photograph and/or the photograph of my child may be taken by the Hemet Sheriff's Activities League, producers, sponsors, organizers and/or assigns. I agree that my photograph and/or photograph of my child including video photography, film photography or other reproductions of my likeness or the likeness of my child may be used without charge by the Hemet Sheriff's Activities League, producers, sponsors, organizers, and/or it's assigns for such purposes as they deemed appropriate.

AUTHORIZATION TO TREAT A MINOR

I, the Parent or legal guardian, of the listed child, do hereby authorize and consent to any x ray examination, anesthetic, medical, or surgical treatment rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital or emergency care facility holding a current license to operate a hospital or emergency care facility from the State of California Department of Public Health. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care, which the aforementioned physician, in the exercise of his/ her best judgment may deem advisable of my child. Further, I understand my child will be participating in inherently dangerous activities and agree to pay for my child's medical expenses. I understand that all effort shall be made to contact me prior to rendering treatment to my child, but any of the above treatment will not be withheld if I cannot be reached. This authorization is given pursuant to the provisions of the California Civil Code. The consent shall remain in effect until such authorization is withdrawn.

RELEASE FROM LIABILITY

In consideration of the acceptance of the application of my child, as a participant in any programs and/or activities of the Hemet Sheriff's Activities league and/or its member chapters, my child and I hereby agree to assume all risks attendant upon my self and my child while participating in any Hemet Sheriff's Activities League programs and or activities. My child and I hereby waive, release and discharge any and all claims for damages for death, personal injury, or property damage which I or my child may have or which may hereinafter accrue to me or my child as a result of my child's participation in the Hemet Sheriff's Activities League program and or activity. I agree to indemnify and hold harmless from liability the Hemet Sheriff's Activities League, and or any of their agents, servants, or employees by reason of any accident, death, injury, or damages, to persons or property which I or my child may suffer while participating in the Hemet Sheriff's Activities League program and or activities. This release is intended to discharge in advance the Hemet Sheriff's Activities League, its members, agents, servants or employees by reason of any accident, injury death or damages to persons or property which I or my child may suffer, from and against any and all liability arising out of or connected in any way with my or my child's participation in the Hemet Sheriff's Activities League program or activities even though that the liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns, and the heirs and assigns of my child. I agree to assume all responsibility for any property damage or injury to any person caused by me or my child while participating in the Hemet Sheriff's Activities League program and or activities.