**LAKE COUNTY SHERIFF’S ACITIVIES LEAGUE PARTICIPATION WAIVER and RELEASE**

Participant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father / Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Day Ph.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Evening Ph.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother / Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day Ph.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Evening Ph. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food Allergies (please list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drug Allergies (please list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication and Important Medical information (or Special Instructions) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any restrictions, special conditions or medical treatment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician / HMO Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Attended by Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade Level \_\_\_\_\_\_\_\_\_\_

**Please read, complete all information, and sign this two page form, *Authorization to treat a minor, video-photo release from liability.* If you have any questions about this form please ask a volunteer, a LCSAL member or Board President, Jodi Peters 707-239-6078.**

**Authorization to treat a Minor**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the Parent / Guardian of the above 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 Dental Practice Act and or 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 for 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. This consent shall remain in effect so long as my child participates in the Lake County Sheriff’s Activities League Program.

**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 Lake County Sheriff’s Activities League, I and my child hereby agree to assume all risks attendant upon myself and my child, including the risk of death, serious injury and or permanent disability, and 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 hereafter accrue to me or my child, as a result of my or my child’s participation in the Lake County Sheriff’s Activities League program and or activity. This release is intended to discharge in advance the Lake County Sheriff’s Activities League and or any or their agents, servants, volunteers or employees by reason of any accident, death, injury 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 Lake County Sheriff’s Activities League programs or activities, even though that liability may arise out of negligence carelessness on the part of the persons or entities mentioned above.

It is further understood and agreed that this waiver 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 Lake County Sheriff’s Activities League program or related activity.

**VIDEO / PHOTO RELEASE**

I understand that during the Lake County Sheriff’s Activities League programs and or activity, my and my child’s photograph may be taken by the Lake County Sheriff’s Activities League event producers, sponsors, organizers and or assigns. I agree that my and my child’s photograph, including video photography, digital photography, film photography or other reproduction of my or my child’s likeness may be used without charge by the Lake County Sheriff’s Activities League, event producers, sponsors, organizers and or assigns for any purpose as they deem appropriate, including, but not limited to, promotional materials, fundraising presentations or proposals, newspaper or magazine publications or posting on a website for promotional purposes.

I have read, understand and voluntarily sign the AUTHORIZATION TO TREAT A MINOR, RELEASE FROM LIABILITY AND VIDEO-PHOTO RELEASE and further agree that this agreement constitutes the entire agreement of the parties with respect to the subject matter hereof and supersedes all prior agreements and understanding, both written and oral, between the parties with respect to such subject matter.

**PRINT NAME OF PARTICIPATING CHILD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE OF PARENT OR LEGAL GUARDIAN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**