

# FOOTHILLS CHRISTIAN MIDDLE SCHOOL

350 Cypress, Ste. C  
El Cajon, CA 92020  
619-303-1641 619-312-1923 Fax

## MEDICAL RELEASE AND LIABILITY FORM

Activity:	<b>CHRISTIAN SPORTS LEAGUE – BOYS VOLLEYBALL</b>
Dates:	March - May
Location of travel if applicable:	San Diego County
Type of transportation:	Private Vehicles

Name of Minor: \_\_\_\_\_ Birth Date: \_\_\_\_\_

The undersigned represents to Foothills Middle School that he/she is a natural parent or legal guardian of the above named minor child; and,

The undersigned does hereby consent to such minor child taking part in the noted activity, with the full understanding that insofar as such activity will involve sporting activities, travel and mingling with the other individuals and groups, that there is always the risk of injury, illness and loss, and possible consequent expense for medical diagnostic and curative treatments, and incidental loss and expense; and, on behalf of such minor assume the risk of such expense and does hereby wholly release Foothills Christian Middle School from any responsibility or liability and waives any claims or causes or action against it or its agents that might arise on account of loss, injury or expense occasioned by any sort of accident or other circumstance involving such child, and agrees to hold harmless, Foothills Christian Middle School and the above mentioned names, in the event any such claim should arise; and,

The undersigned agrees to abide by the rules and regulations, supervision and discipline set and applied by Foothills Christian Middle and its agent; and, does hereby authorize Foothills Christian Middle School or its staff members or other agents to arrange for any consent to x-rays, examinations, anesthetic, dental, medical or surgical diagnosis, and treatment, and hold harmless Foothills Christian Middle School. The undersigned will furnish payment or insurance for, and such payment, at his or her own expense.

Address:	City	Zip
Home Phone:	Cell Phone:	
Doctor:	Phone:	
Insurance Information (if applicable)		
Person to contact if parent not available		
Day Phone:	Cell Phone:	

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

# AMATEUR ATHLETIC MINOR WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the Foothills Christian Middle School's Volleyball program, and related events and activities, the undersigned:

1. Agrees that the parent(s), and/or legal guardian(s), will instruct the minor participant that prior to participating, he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his team manager or supervisor of such condition and refuse to participate.

2. ACKNOWLEDGES AND FULLY UNDERSTANDS that each participant will be engaging in ACTIVITIES THAT INVOLVE RISK OF SERIOUS INJURY, INCLUDING PERMANENT DISABILITY AND DEATH and severe social and economic losses might result not only from their own actions, inactions, or negligence, but the action, inaction, or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, there may be other risks not known to us or not reasonably foreseen at this time.

3. ASSUMES ALL OF THE FOREGOING RISK AND ACCEPT PERSONAL RESPONSIBILITY FOR THE DAMAGES following such injury, permanent disability or death.

4. RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE Foothills Christian Middle School, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereafter referred to as "releases", from any and all liability to each of the undersigned, his or her heirs and next-of-kin for any and ALL CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON ACCOUNT OF INJURY, INCLUDING DEATH OR DAMAGE TO PROPERTY, CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND WE HEREBY SIGN IT VOLUNTARILY.

Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature/Relation)

Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature/Relation)

Printed Name of Parent(s) or Guardian(s) \_\_\_\_\_

Printed Name of Participant \_\_\_\_\_

Address of the Participant \_\_\_\_\_

Name of the Organization \_\_\_\_\_