



SPORTS OR ACTIVITY CAMP - AGREEMENT FOR PARTICIPATION

[Including Waivers and Releases of Potential Claims and Statement of Other Obligations]

All sections of this Agreement must be completed, with the signed original delivered to the organizer, before a Participant will be allowed to attend or participate in any manner in the Event defined below.

Name of Participant:	Address:
Grade:	DOB:
Home School/District:	Telephone:
Emergency Contact (Name(s) and Telephone Nos.):	
Physician's Name:	
Physician's Address & Phone:	
Medical Conditions/Medications:	
Medical Insurance/Medical ID Number:	
skills in	rticipants in the Event include individualswhoand home school district. The privilege may be revoked at any time, for any reason that does not gotential risks of harm or injury, including harm or injury that may lead luding paralysis, brain injury, or death ("Injuries"). Injuries might arise ons of another Participant in an Activity, or the actual or alleged failure rise the Activities. Injuries might also arise from an actual or alleged maintain, use, repair, or replace physical facilities or equipment used in undiagnosed, improperly diagnosed, or untreated, improperly treated, caused by the Participant's participation in the Activities. All such risks the Activities. By this Agreement, the Participant and Adult are deemed ght to participate in the Event, understand and agree that to the fullest intial future claim they might have otherwise been able assert against the its joint sponsors, and its Supervisors ("Released Parties"), by or one or, trustee, guardian, assignee or family member. Because the Event is old district, which must approve of the Participant's participation in the course of transportation of the Participant to and from the Event or its
harmless from such property damage or bodily injury claims.	
5. If the Participant believes that an unsafe condition of	r circumstance exists at the Event, or otherwise feels or believes that

continued participation in the Event might present a risk of Injury, the Participant will immediately discontinue further participation in the Event or one or more of its Activities, notifying a Supervisor of the Participant's concern or belief, and notifying a parent or





guardian as soon as reasonably possible of the Participant's concern or belief. Any parent or guardian receiving such a notification shall direct the Participant to cease participation in the Event or one or more of its Activities until the unsafe condition or circumstance is remedied to the parent or guardian's satisfaction.

- 6. The Medical Conditions/Medications/Emergency contact information above is current and accurate. The Participant is in sufficiently good health and physical condition to participate in the Activities, and voluntarily wishes to participate in the Activities. Before participating in the Event, a medical clearance shall be submitted, signed by a licensed physician, or physician-supervised and authorized nurse practitioner or physician's assistant, stating that the Participant has been physically examined and is deemed to be in sufficiently good health and fitness to participate fully in the Activities. The Participant may meet this requirement by providing a copy of a sports physical examination completed for his/her home school district within 12-months of the Event.
- 7. If an injury or medical emergency occurs during the Event, the District and the Supervisors have express permission and authority to administer or to authorize the administration of urgent or emergency care, including the transportation of the Participant to an urgent care or emergency care provider. In such circumstances, notice to an Adult and/or the Emergency Contact may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care will be my sole responsibility.
- 8. The Adult and the Participant represent and warrant that they have fully complied with Education Code Section 32221.5 (insurance coverage confirmation) with their home school district and that the medical insurance information listed above is current and accurate.
- 9. There is no guarantee that the Participant will improve or develop enhanced skills or capabilities by participating in the Event. There is also no guarantee that the Participant will be allowed to play, compete, build skills, or develop competitive or other skills to the fullest extent of his/her current expectations. Participation in Activities may be limited due to health, safety, number of Participants, type of Activity, skill level of the Participants, or other considerations left to the sole discretion of the Supervisors.
- 10. The District's or Event's employees, agents, Supervisors, or volunteers, members of the press or media, or parents, guardians, or other persons who may attend or participate in the Event or its Activities, may photograph, videotape, or take statements from the Participant. Such photographs, videotapes, or statements may be published or reproduced in a manner showing the Participant's name, face, likeness, voice, thoughts, beliefs, or appearance to third parties, including, without limitation, webcasts, television, motion pictures, films, newspapers, yearbooks, and magazines. Such published or reproduced items, whether or not for a profit, may be used for security, training, advertising, news, publicity, promotional, informational, or any other lawful purpose. I hereby authorize and consent to any such publications or reproductions, without compensation, and without reservation or limitation.
- 11. This Agreement shall be governed by the laws of the State of California. This Agreement is to be broadly construed to enforce the purposes and agreements set forth above, and shall not be construed against any person or party on the basis that this Agreement was drafted by the District. If any part of this Agreement is deemed invalid or ineffective, all other provisions shall remain in force. No oral modification of this Agreement, or alleged change or modification of its terms by subsequent conduct or oral statements, is allowed. This Agreement contains the sole and exclusive understanding of the parties, with no other representation relied upon by the Adult or Participant in determining whether to execute this Agreement or in agreeing to participate in Team Activities.

As the Adult signing below: (1) I am giving up substantial actual or potential rights in order to allow the Participant to participate in the Event and the activities; (2) I have signed this agreement without any inducement or assurance of any nature, and with full appreciation of the risks inherent in team activities; (3) I have no question regarding the scope or intent of this agreement; (4) I, as a parent or legal guardian, have the right and authority to enter into this agreement, and to bind myself, the Participant, and any and any other family member, personal representative, assign, heir, trustee, or guardian to the terms of this agreement; (5) I have explained this agreement to the Participant, who understands his/her obligations.

Printed Name of Parent/Guardian	Signature	Date	
As the Participant, I understand and agree	ee to all of obligations pla	aced on me by this Agreement.	
Printed Name of Participant	Signature	Date	