PLEASE PRINT

SOUTHERN CALIFORNIA MUNICIPAL ATHLETIC FEDERATION (SCMAF)

MINOR RELEASE FORM AND CONSENT FOR TREATMENT

CHILD'S NAME: _____ ACTIVITY: _____
First Last

MALE ____ FEMALE _____ DATE OF BIRTH: ____/____/____ SCHOOL: _____

PARENT OR GUARDIAN: _____
First Last

ADDRESS: _____
City State Zip

HOME PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS (PARENT/GUARDIAN): _____

RELEASE

I give permission for the minor in my custody to participate in the above-mentioned activity and hereby waive, release and discharge any and all claims or rights to claims for damages for death, personal injury or property damage which I may have, or accrue to me, as a result of said minor's participation in said activity. This Release is intended to discharge in advance the promoters, sponsors, the Southern California Municipal Athletic Federation (SCMAF), the officials, and any involved municipalities or other public entities (and their respective agents and employees), from and against any and all liability arising out of or connected in any way with said minor's participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

I further understand that serious accidents occasionally occur during said activity, and that participants in such activity occasionally sustain mortal or serious personal injuries, and/or property damages, as a consequence thereof. Knowing the risks of said activity, nevertheless, on behalf of said minor child, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who, through negligence or carelessness, might otherwise be liable to me, or my heirs or assigns for damages.

It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

I also hereby agree to Grant to the Southern California Municipal Athletic Federation (SCMAF), the right to use name, likeness, portrait, recorded voice, and biographical material in order to advertise, promote, and publicize SCMAF, but not, as an endorsement of any product or service of any advertiser.

I agree to accept and abide by the rules and regulations of the Southern California Municipal Athletic Federation.

_____ _____
Date Signature of parent or guardian

CONSENT TO TREATMENT OF MINOR

*In the event of sudden illness, accident or injury which may occur while said minor is engaged in an activity supervised by the Southern California Municipal Athletic Federation and their representatives, agents or assignees, when neither the parents, guardian or designated family physician can be contacted, I hereby give my consent pursuant to California Civil Code #25.8 for emergency treatment as shall be necessary under the circumstances by any physician licensed under the Laws of the State of California.

_____ _____
Date Signature of parent or guardian

Family Physician: _____

Telephone: _____

Insurance Co.: _____ Type of Coverage: _____

Pertinent medical history information (Epilepsy, Diabetes, Allergies, etc.) _____

_____

Emergency Number (other than parents): 1. Name _____ Phone _____