

INFORMED CONSENT, LIABILITY RELEASE AND MEDICAL TREATMENT
AUTHORIZATION

I request that my child (identified above) be permitted to participate in the identified sport/athletic 6 vs. 6 activities and agree to the following: I understand and agree that my child's participation in this activity may expose him/her to risks of injury or death. The risks include but are not limited to **death, injury, serious neck and spinal injuries, paralysis, brain damage, injury to vital organs, bones, joints, muscles and tendons.** I will counsel my child so he/she understands that it is important for his/her safety and the safety of others, to follow all instructions of the Camp coaches and staff. I agree that I am responsible for my child's conduct while he/she is at camp.

In consideration for my child's participation in this activity, on behalf of myself and my child, I release, discharge and hold harmless the Camp, State of California (State), California State University, Sacramento (CSUS), the California State University (CSU), its Trustees, officers, coaches, volunteers, employees and agents **from all liability, claims, costs, and expense,** arising out of these activities, up to and including the gross negligent acts of the Camp, State and CSUS, which may result in injury or illness to my child. I also agree to defend and indemnify the Camp, State of California (State), California State University Sacramento (CSUS), its Trustees, officers, coaches, volunteers, employees and agents.

I am the parent/legal guardian of the above child. I further agree that the Tournament Staff and the CSUS are **authorized, but not obligated, to obtain and authorize emergency medical treatment** for my child, up to and including emergency hospitalization and surgery. I agree to be personally responsible for any related medical expenses. On behalf of my child, and myself I further release the Tournament, State, CSUS, CSU and any medical provider of emergency treatment to my child for any related liability. A copy of this agreement shall suffice as original.

Health Insurance Company: _____

Policy Number: _____

Parent/Legal Guardian Name:

_____Employer_____

Parent/Legal Guardian Home Phone: (_____)_____ Emergency

Phone: (_____)_____

Signed: _____

Date: _____

Parent/Legal Guardian