



GOVERNING BOARD

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Superintendent

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AFUHSD Athletic Camp/Clinic Waiver Form

Student Name: _____
School: _____ Activity: _____ Date: _____

By my signature below, I, as parent or legal guardian of the student named above (“the Student”), am confirming that I understand and agree to the following terms of participation for the Student to attend all AFUHSD 2018-2019 Athletic Camps/Clinics (“the Clinic”) and participate in the activity (“the Activity”) noted above.

Parent’s Informed Consent/Release and Discharge of Liability

- I am providing my informed consent for the Student to participate in the Clinic and the Activity.
- I have been informed of the nature of the activities to be conducted and am aware of the hazards and risks that may be associated with the Student’s participation in the Clinic and Activity, including potential risks of bodily injury, death or damage to property, which may occur from known or unknown causes. I have been made aware in writing of some of the specific hazards associated with athletic activities (provided with this form) and nonetheless am providing my permission for the Student to participate in the Activity.
- **I hereby release and discharge employees, agents, instructors, coaches, volunteers and directors of the Clinic from any and all liability, claims, or causes of action resulting in any kind of damages, illnesses, injuries, to the Student in any way relating to or arising out of the Clinic or Activity, or in any way related to its premises, including travel to and from the location of the Clinic or Activity. I have had sufficient time to review and seek explanation of the provision contained herein, have carefully read them, understand them fully and agree to be bound by them.**

Parent’s Consent for Emergency Care for Student and Responsibility for Costs of Care

- I authorize District personnel, Clinic personnel, emergency medical providers, licensed health care providers, medical doctors and hospital personnel to obtain and/or provide emergency medical aid, treatment, or care to the Student in the event the Student is injured or ill while participating in the Clinic or Activity.
- I understand and agree that I am responsible for payment of all costs incurred for the emergency care and treatment of the Student. Payment of health care expenses is not a District responsibility.

Parent Print Name: _____

Parent Signature: _____

PLEASE NOTE

* Forms due by _____

Registration form, the emergency care form, check and release & waiver from must be returned to the head coach or Athletic office.