



GROSSMONT COLLEGE FOOTBALL

Offensive Line Skills Camp

Liability Release Form

IMPORTANT DOCUMENT-READ BEFORE SIGNING

PARENT/GUARDIAN RELEASE OF LIABILITY AND INDEMNITY FOR MINOR CHILD'S PARTICIPATION IN PROGRAM

In consideration of (print name) _____ my minor child or legal ward (my "Child"), being allowed to participate in the Grossmont College OL Skills Camp, related events and activities, the undersigned parent hereby acknowledges and agrees as follows:

1. The activities of this program may have significant risk of injury, including potential permanent paralysis and death. Rules, equipment, and personal discipline are designed to reduce the risk. However, there is always of risk of serious injury.
2. I will instruct my Child to comply with the rules governing participation in this program. If I have concern about my Child's ability to participate in the program, or about the program itself, I will remove my Child from participating and immediately inform the nearest program official of my concern.
3. I, for myself and for my Child, and for all heirs, assign, personal representatives, and next of kin of myself and/or my Child, **HEREBY RELEASE** Grossmont College and the GC OL Skills Camp, their officers, officials, agents, volunteers, and employees, other program participants, sponsors and sponsoring agencies of the program, and owners and lessors of any used to conduct the program ("RELEASEES") **FROM ANY LIABILITY FOR ANY INJURY, DISABILITY OR DEATH OF THE MINOR, LOSS OR DAMAGE TO PROPERTY ARISING OUT OF PARTICIPATING OF THE MINOR IN THE PROGRAM, WHETHER ARISING FROM THE SOLE NEGLIGENCE OF RELEASEES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW.**
4. I **HEREBY ASSUME ALL RISK OF INJURY.** Known and unknown, to my Child arising from participation in the program, **AND ASSUME FULL RESPONSIBILITY FOR PARTICIPATION OF MY CHILD.**
5. I, for myself and my Child, and for all of heirs, assign, personal representatives and next of kin of the Minor, **HEREBY INDEMNIFY AND HOLD HARMLESS THE RELEASEES, AND EACH OF THEM, FOR ANY AND ALL LIABILITIES INCIDENT TO THE PARTICIPATION OF THE MINOR IN THE PROGRAM, EVEN IF ARISING FROM THE SOLE NEGLIGENCE OF THE RELEASEES, TO THE FULLEST EXTENT PERMITTED BY LAW.**

I HAVE READ THIS DOCUMENT IN ITS ENTIRETY, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE WAIVED SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY, VOLUNTARILY, AND WITHOUT ANY INDUCEMENT.

Dated: _____

Signature of Parent or Guardian

Name (Please Print)

MINOR'S STATEMENT OF ACKNOWLEDGEMENT OF RISK

I understand the activities involved in this program maybe dangerous and that I could be seriously hurt, paralyzed or even killed. I believe that I am physically and mentally able to participate fully in this program. However, if I sense any change in my physical or mental condition, I will stop participating immediately and inform the nearest official.

I HAVE READ THE PARAGRAPH ABOVE UNDERSTAND AND AGREE WITH WHAT I HAVE READ, AND CHOOSE TO SIGN THIS STATEMENT, I WILL ACCEPT ALL RISK OF BEING HURT, KNOWN AND UNKOWN, AND TAKE FULL RESPONSIBILITY FOR MY BEHAVIOR.

Date: _____

Minor Participant's Signature

Name (Please Print)

GROSSMONT COLLEGE FOOTBALL

Grossmont College Offensive Lineman Skills Camp
Medical Consent Form

NAME OF PARTICIPANT: _____

AGE: _____

ADDRESS _____

CITY/STATE: _____ ZIP: _____

TELEPHONE NUMBERS: HOME __ (_____) _____

WORK __ (_____) _____

Does your child have any severe medical problems, i.e. asthma, allergic to medications, allergic to bee stings, heart trouble, epilepsy, diabetes, physical handicaps, est.? Please specify: _____

Should there be any limits on his/hers physical activity? If so, what are they? _____

Has your child had any serious illness in the last three years? If yes, please explain: _____

May we contact the doctor for medical reports? YES _____ NO _____

In case of emergency, person to contact if parent/guardian cannot be reached?

Name

Address

City

Telephone:

What relationship is this person to the program participant?

Is the participant covered by medical insurance? YES _____ NO _____

If yes, what kind? Med-Cal _____ Kaiser _____

Other _____

Please provide medical coverage information (Med-Cal card number, Kaiser card number, or other insurance claim form). _____

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Grossmont College Offensive Lineman Skills Camp
Medical Consent Form Continued

When was the last time your son/daughter had a complete physical examination?

Date _____ Dr.'s Name _____

Address _____

City/State _____ ZIP _____

Telephone _____

I do hereby authorize the performance of medical examinations and necessary treatments (including tests, x-rays, drugs, etc.) as may be deemed advisable for the period of time that my minor child or legal ward is enrolled as a participant in the Grossmont College OL Skills Camp. If an emergency arises requiring a major medical procedure, the program will attempt to reach me and to be guided by my wishes, but if I cannot be reached, I authorize the attending physician to act as medical judgment may dictate.

Date _____

Parent/Guardian Signature _____