



PARTICIPANT NAME: _____

last first middle

ADDRESS: _____

number street city zip

PHONE: () AGE: Date of Birth: _____

Father/Guardian Name: Day Phone: Evening Phone: _____

Mother/Guardian Name: Day Phone: Evening Phone: _____

Parent E-mail: Participant E-mail: _____

Allergies to drugs or foods: _____

Medications, important medical information or special instructions: _____

List any restrictions to medical treatment: _____

Physician/HMO Name: PHONE: _____

EMERGENCY CONTACT PERSON: PHONE: _____

EMERGENCY CONTACT PERSON: PHONE: _____

School Attended by Participant: Current Grade Level: _____

Please attach current photo of participant.

Please attach a copy of your current medical insurance card.

Please read and sign the Authorization to Treat a Minor, Video-Photo Release and Release from Liability on the following page. If you have any questions regarding the Authorization to Treat a Minor, Video-Photo Release or Release from Liability, please ask a member of the West Los Angeles Police Activities League staff.

WEST LOS ANGELES POLICE ACTIVITIES LEAGUE PARTICIPANT WAIVER AND RELEASE

AUTHORIZATION TO TREAT A MINOR

I, the parent or legal guardian of the above listed child do hereby authorize and consent to any X-ray examination, anesthetic, medical, or surgical treatment rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital or emergency care facility holding a current license to operate a hospital or emergency care facility from the State of California Department of Public Health. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable for my child. Further, I understand my child will be participating in inherently dangerous activities and agree to pay for my child's medical expenses. I understand that all effort shall be made to contact me prior to rendering treatment to my child, but any of the above treatment will not be withheld if I cannot be reached. This authorization is given pursuant to the provisions of the California Civil Code. This consent shall remain in effect so long as my child participates in the West Los Angeles Police Activities League program.

RELEASE FROM LIABILITY

In consideration of the acceptance of the application of my child as a participant in any programs and/or activities of the West Los Angeles Police Activities League, I and my child hereby agree to assume all risks attendant upon myself and my child, **INCLUDING THE RISK OF DEATH, SERIOUS INJURY AND/OR PERMANENT DISABILITY**, and hereby waive, release, and discharge any and all claims for damages for death, personal injury, or property damage which I or my child may have, or which may hereafter accrue to me or my child, as a result of my or my child's participation in the West Los Angeles Police Activities League program or activity. I and my child agree to indemnify and hold harmless from liability the West Los Angeles Police Activities League and/or any of its agents, servants, volunteers or employees by reason of any accident, death, injury, or damages, to persons or property which I or my child may suffer while participating in the West Los Angeles Police Activities League program and/or activity. This release is intended to discharge in advance the West Los Angeles Police Activities League and/or any of their agents, servants, volunteers or employees by reason of any accident, death, injury or damages to persons or property which I or my child may suffer, from and against any and all liability arising out of or connected in any way with my or my child's participation in the West Los Angeles Police Activities League program and/or activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns, and the heirs and assigns of my child. I agree to assume all responsibility for any property damage or injury to any person caused by me or my child while participating in the West Los Angeles Police Activities League program and/or related activity.

VIDEO-PHOTO RELEASE

I understand that during the West Los Angeles Police Activities League program and/or activity, my and my child's photograph may be taken by the West Los Angeles Police Activities League, event producers, sponsors, organizer, and/or assigns. I agree that my or my child's photograph, including video photography, film photography, or other reproduction of my or my child's likeness, may be used without charge by the West Los Angeles Police Activities League, event producers, sponsors, organizers and/or assigns for any purpose as they deem appropriate, including, but not limited to, promotional materials, fundraising presentations or proposals, newspaper or magazine publication or posting on a website for promotional purposes.

I have read, understand and voluntarily sign the **AUTHORIZATION TO TREAT A MINOR, RELEASE FROM LIABILITY and VIDEO-PHOTO RELEASE** and further agree that this agreement constitutes the entire agreement of the parties with respect to the subject matter hereof and supersedes all prior agreements and undertakings, both written and oral, between the parties with respect to such subject matter.

PRINT NAME OF PARTICIPATING CHILD

SIGNATURE OF PARENT OF LEGAL GUARDIAN

DATE