

## ALS All-Day Basketball Event

Player: \_\_\_\_\_

### Participant / Parent / Guardian's Permit

I, the undersigned, hereby release and discharge the Las Virgenes Unified School District, officers, employees, agents, servants, and volunteers from all liability arising out of or in connection with the ALS All-Day Basketball Event in regards to the above-mentioned minor. For the purposes of this agreement, liability means all claims, demands, losses, causes of actions, suits or judgments of any kind and every kind that I may have against the District and the ALS All-Day Basketball Event as a result of any cause other than negligence, recklessness, or willful actions that occur during the ALS All-Day Basketball Event.

Participant signature (18 years and older): \_\_\_\_\_

Parent or guardian's signature (if under 18 years): \_\_\_\_\_

Date: \_\_\_\_\_

Phone # (in case of emergency for participant under 18): \_\_\_\_\_

### Consent for Emergency Treatment

I hereby give permission to a physician to administer emergency treatment to the above-mentioned minor. In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for the safety and welfare of my child. It is understood the resulting expenses will be the responsibility of the parent(s) or guardian.

Parent or guardian's signature (if under 18 years): \_\_\_\_\_

Date: \_\_\_\_\_