

**PACIFIC GROVE UNIFIED SCHOOL DISTRICT
VOLUNTARY SUMMER SPORTS PROGRAM
WAIVER AND RELEASE, ASSUMPTION OF RISK, AND CONSENT TO MEDICAL
TREATMENT**

Student Name: _____ Grade: _____

Parent/Guardian (if Student is under the age of 18): _____

Address: _____

Home Phone: _____ Work Phone: _____

In case of emergency, contact:

Name: _____ Address: _____

Home Phone: _____ Work Phone: _____

Medical Insurance Carrier: _____ Policy No.: _____

I, _____, (“Student”), or parent/guardian (“Parent/Guardian”) if Student is a minor, do hereby acknowledge and agree to all of the following as a condition to my/Student’s participation in the following summer sports programs and activities (“Activities”) offered by the Pacific Grove Unified School District:

Programs/Activities: _____ Dates: _____

Location(s): _____

1. **Assumption of Risk:** Student, or Parent/Guardian on behalf of Student, hereby acknowledge that the Activities are inherently hazardous and that there are significant risks associated with participation in the Activities including, but not limited to, the risk of physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability, economic loss, serious bodily injury, or death. These injuries or outcomes may arise from the actions, inactions, or negligence of Student or others, or from the conditions of the location of the Activities, including but not limited to weather-related conditions. Student, or Parent/Guardian on behalf of Student, and their respective heirs, administrators, personal representatives, and successors, freely and willingly assume and accept such risks on behalf of Student, as well as other risks not listed, whether known or unknown, that are part of the Activities. Further, Student, or Parent/Guardian on behalf of Student, hereby represents that Student has no physical disability, mental disability, impairment, or illness that will endanger Student or others in connection with Student’s participation in the Activities.
2. **Release of Liability:** Student, or Parent/Guardian on behalf of Student, for themselves and their respective heirs, administrators, personal representatives, and successors, hereby waive their right to bring any claim, suit, or cause of action against and hereby voluntarily release

and discharge the Pacific Grove Unified School District, its officers, employees, volunteers, other agents, Board of Education and members of its Board of Education (collectively, the “District”), from and against any and all claims, demands, causes of action, liabilities, damages, costs or expenses of any kind (collectively, “Claims”) arising out of or relating to, or in any way connected with, any injury, death, loss, harm, or property damage that is suffered by or occurs to Student or to any other person during the Activities or in any way related to the Activities, including during transportation to or from the Activities. This release includes Claims for the negligence or omissions of the District.

3. **Consent to Emergency Medical and Dental Treatment:** Student, or Parent/Guardian on behalf of Student, hereby authorizes the District to consent to and authorize the emergency medical or dental treatment of Student by a physician duly licensed under the provisions of the California Medical Practice Act or by a dentist duly licensed under the California Dental Practice Act. If Student is a minor, Parent/Guardian understands that this Consent to Emergency Medical and Dental Treatment will be used by District only if they are unable to reach Parent/Guardian within a reasonable period of time given the circumstances of the emergency. Student, or Parent/Guardian on behalf of Student, forever releases the District from any and all liability related to the exercise of the consent. Student, or Parent/Guardian on behalf of Student acknowledges that this consent is given in advance of any diagnosis, treatment, or hospital care.

Parent/Guardian, if Student is under the age of 16, pursuant to California Health and Safety Code section 1283, further authorizes any health facility that has provided medical treatment to Student to surrender physical custody of Student to District upon completion of treatment.

I, the undersigned Student, or Parent/Guardian of Student, have read this *Voluntary Summer Sports Program Waiver and Release, Assumption of Risk and Consent to Medical Treatment* form (“*Waiver/Release*”), and I am signing it freely. I understand the legal consequences of signing this *Waiver/Release*, including (a) releasing the Pacific Grove Unified School District, its officers, employees, agents, volunteers, Board of Education and members of its Board of Education from all liability; (b) waiving my right to sue the Pacific Grove Unified School District, its officers, employees, agents, volunteers, its Board of Education and members of its Board of Education; and (c) assuming all risk associated with my/Student’s participation in the Activities.

Parent/Guardian Signature: _____ Date: _____

Print Name of Parent/Guardian: _____

If Student is signing on their own behalf (Student is at least 18 years of age):

Student’s Signature: _____ Date: _____

Print Name of Student: _____