

Informed Consent, Liability Release and Medical Treatment Authorization

I request that my child be permitted to participate in the identified sport/athletic Clinic activity and agree to the following:

I understand and agree that my child's participation in this activity may expose him/her to risks of injury or death. The risks include but are not limited to **death, injury, serious neck and spinal injuries, paralysis, brain damage, injury to vital organs, bones, joints, muscles and tendons.**

I will counsel my child so he/she understands that it is important for his/her safety and the safety of others, to follow all instructions of the Clinic coaches and staff. I agree that I am responsible for my child's conduct while he/she is at camp.

In consideration for my child's participation in this activity, on behalf of myself and my child, I release, discharge and hold harmless the Clinic, State of California (State), California State University, Sacramento (CSUS), the California State University (CSU), its Trustees, officers, coaches, volunteers, employees and agents **from all liability, claims, costs, and expense**, arising out of these activities which may result in injury or illness to my child. I also agree to defend and indemnify the Clinic, State of California (State), California State University Sacramento (CSUS), its Trustees, officers, coaches, volunteers, employees and agents.

I am the parent/legal guardian of the child. I further agree that the Clinic Staff and the CSUS are **authorized to obtain and authorize emergency medical treatment** for my child, up to and including emergency hospitalization and surgery. I agree to be personally responsible for any related medical expenses. On behalf of my child, and myself I further release the Clinic, State, CSUS, CSU and any medical provider of emergency treatment to my child for any related liability. A copy of this agreement shall suffice as original.

Health Insurance

Company _____ Policy Number _____

Child's Name: _____

Parent/Legal Guardian Name: _____

Parent Phone: _____ Employer: _____

Signed: *Parent/LegalGuardian* _____

Date: _____

Please fax this document to 916 278-5429 or mail to

**Hornet Softball Clinics for Girls
Sacramento State Athletics
6000 J Street
Sacramento, CA 95819-6099**