

HILLCREST COMMUNITY YOUTH DEPARTMENT 2007 SPORTS PROGRAMS

CONSENT FORM, WAIVER AND RELEASE OF LIABILITY, AND ASSUMPTION OF RISK ACKNOWLEDGEMENT

I, _____, hereby state that I am the Parent or Legal Guardian
for:

(Print) _____ Male / Female. Date of Birth __ / __ / __ ;

(Print) _____ Male / Female. Date of Birth __ / __ / __ ;

(Print) _____ Male / Female. Date of Birth __ / __ / __ ;

(Print) _____ Male / Female. Date of Birth __ / __ / __ ;

(Print) _____ Male / Female. Date of Birth __ / __ / __ ;

I grant my permission for the above named child(ren) to participate in any and all sports activities sponsored by the **HILLCREST COMMUNITY YOUTH DEPARTMENT ("HCYD")** for the 2007 sports season.

Additionally, I grant **HCYD** and its agents EXPRESS PERMISSION AND CONSENT, in my absence, to authorize medical treatment for the above named child(ren) should they sustain any injury arising from their participation in any sport activity or as a result of medical conditions known or unknown, including but not limited to, calling and treatment by an emergency ambulance service, and transport to and treatment by an emergency hospital facility.

Further, I EXPRESSLY ASSUME FULL RESPONSIBILITY for any risk or danger of bodily injury arising out of or related to the above named child(ren)'s participation in any sport activity or as a result of medical conditions known or unknown. I hereby RELEASE ALL CLAIMS OR DEMANDS, including but not limited to, personal injury, property damage or otherwise, whether caused by the NEGLIGENCE of **HCYD** its agents or otherwise, and whether for bodily injury, property damage or loss otherwise, which I may have against **HCYD** or its agents.

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____

Date _____