



AthLEAD Advantage IIc

(SD CALI)

Medical Form and Waiver

Participant's Basic Information

Participant's Name:

Birthdate: / /	School:	Grade:	Age	Gender: <input type="radio"/> Female <input type="radio"/> Male
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Home Address:	E-mail:
City/State/Zip Code:	Home Phone:
Parent/Guardian Name:	Cell Phone:
Parent/Guardian Name :	Cell Phone:
Emergency Contact/Relationship:	Cell Phone:

Known Allergies:

Current Medications:

Name of Health Insurance Company:



AthLEAD Advantage IIc

AthLEAD Advantage Waiver of Liability of Indemnity agreement for Minors/Participants:

Name of Minor/Participant: _____

I, the undersigned parent/person having legal custody/guardianship of the above said minor/participant, give permission for the minor/participant to participate in all the AthLEAD Advantage programs (SD CALI). The minor/participant is physically and mentally prepared to participate in all activities described in the announcement for the program/athletic league. In consideration of said minor/participant being permitted to enter any AthLEAD Advantage facility for observation, use of facilities and/or equipment, or participation of the above in any AthLEAD Advantage program, I, on behalf of myself (as parent, guardian, coach, aide, spectator or participant) herby:

- 1.) Acknowledge that (i) I have read this document, (ii) I have inspected the AthLEAD Advantage facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended and (iv) I voluntarily sign this document.*
- 2.) Except for the AthLEAD Advantage gross negligence or willful misconduct I release the AthLEAD Advantage, its co-founders, directors, employees and volunteers (collectively "Releasees") from all liability to me or the above said minor/participant, for any loss or damage to property or injury or death to person, whether said damage or injury results from conditions arising upon the AthLEAD Advantage facilities or arising out of or in connections with AthLEAD Advantage programs, or athletic league AthLEAD Advantage shall not be liable for any damages arising from any act or neglect of any other child, occupant or user of the AthLEAD Advantage premises or participant in AthLEAD Advantage programs or activities. I agree that the above said minor/participant assumes full responsibility for and risk of, bodily injury, death or property damage except caused or due to the gross negligence or willful misconduct of AthLEAD Advantage.*
- 3.) I agree not to sue Releasees for any loss, damage, injury or death described above and except for AthLEAD Advantage gross negligence or willful misconduct, I will indemnify, protect, defend and hold harmless AthLEAD Advantage and its Releasees from and against any and all claims and/or damages, liens, judgments, penalties, attorneys' and consultants' fees, expenses and/or liabilities arising out of, involving, or in connection with AthLEAD Advantage facilities and/or participation in the AthLEAD Advantage programs by me, the above said minor/participant or any other person. If the any action or proceeding is brought against AthLEAD Advantage by reason of any of the foregoing matters, I shall upon notice defend the same at my expense by counsel reasonably satisfactory to AthLEAD Advantage and AthLEAD Advantage shall cooperate with me in such defense. AthLEAD Advantage need not have first paid any such claim in order to be defended or indemnified.*
- 4.) I do hereby authorize AthLEAD Advantage as agent for the undersigned, to consent with respect to said minor/participant to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that AthLEAD Advantage is not responsible for costs incurred for medical care. I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full force and effect.*

Parent/Legal Guardian (Print Name) _____ ***Date*** _____

Parent/Legal Guardian Signature _____ ***Date*** _____



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Photographic and Video Waiver/Consent

I, _____ give my permission to AthLEAD Advantage to use my picture, video, other likeness, or a picture or other likeness of any of my children, specifically _____ in the AthLEAD Advantage general publicity and marketing materials.

Parent/Legal Guardian (Print Name) _____ **Date** _____

Parent/Legal Guardian Signature _____ **Date** _____