



**GROSSMONT COLLEGE FOOTBALL  
Youth Development Camp**

**Liability Release Form**

**IMPORTANT DOCUMENT-READ BEFORE SIGNING**

**PARENT/GUARDIAN RELEASE OF LIABILITY AND INDEMNITY  
FOR MINOR CHILD'S PARTICIPATION IN PROGRAM**

In consideration of (PRINT NAME) \_\_\_\_\_,  
my minor child or legal ward (my "Child"), being allowed to participate in the  
Grossmont College Youth Development Camp, related events and activities, the  
undersigned parent hereby acknowledges and agrees as follows:

1. The activities of this program may have significant risk of injury, including potential permanent paralysis and death. Rules, equipment, and personal discipline are designed to reduce the risk. However, there is always of risk of serious injury.
2. I will instruct my Child to comply with the rules governing participation in this program. If I have concern about my Child's ability to participate in the program, or about the program itself, I will remove my Child from participating and immediately inform the nearest program official of my concern.
3. I, for myself and for my Child, and for all heirs, assign, personal representatives, and next of kin of myself and/or my Child, HEREBY RELEASE Grossmont College and the GC Youth Development Camp, their officers, officials, agents, volunteers, and employees, other program participants, sponsors and sponsoring agencies of the program, and owners and lessors of any used to conduct the program ("RELEASEES") FROM ANY LIABILITY FOR ANY INJURY, DISABILITY OR DEATH OF THE MINOR, LOSS OR DAMAGE TO PROPERTY ARISING OUT OF PARTICIPATING OF THE MINOR IN THE PROGRAM, WHETHER ARISING FROM THE SOLE NEGLIGENCE OF RELEASEES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW.
4. I HEREBY ASSUME ALL RISK OF INJURY. Known and unknown, to my Child arising from participation in the program, AND ASSUME FULL RESPONSIBILITY FOR PARTICIPATION OF MY CHILD.
5. I, for myself and my Child, and for all of heirs, assign, personal representatives and next of kin of the Minor, HEREBY INDEMNIFY AND HOLD HARMLESS THE RELEASEES, AND EACH OF THEM, FOR ANY AND ALL LIABILITIES INCIDENT TO THE PARTICIPATION OF THE MINOR IN THE PROGRAM, EVEN IF ARISING FROM THE SOLE NEGLIGENCE OF THE RELEASEES, TO THE FULLEST EXTENT PERMITTED BY LAW.

**I HAVE READ THIS DOCUMENT IN ITS ENTIRETY, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE WAIVED SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY, VOLUNTARILY, AND WITHOUT ANY INDUCEMENT.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Name (Please Print)

**MINOR'S STATEMENT OF ACKNOWLEDGEMENT OF RISK**

I understand the activities involved in this program maybe dangerous and that I could be seriously hurt, paralyzed or even killed. I believe that I am physically and mentally able to participate fully in this program. However, if I sense any change in my physical or mental condition, I will stop participating immediately and inform the nearest official.

**I HAVE READ THE PARAGRAPH ABOVE UNDERSTAND AND AGREE WITH WHAT I HAVE READ, AND CHOOSE TO SIGN THIS STATEMENT, I WILL ACCEPT ALL RISK OF BEING HURT, KNOWN AND UNKOWN, AND TAKE FULL RESPONSIBILITY FOR MY BEHAVIOR.**

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

\_\_\_\_\_  
Minor Participant's Signature

\_\_\_\_\_  
Name (Please Print)

**Medical Consent Form**

NAME OF PARTICIPANT: \_\_\_\_\_

AGE: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBERS:

HOME ( \_\_\_\_ ) \_\_\_\_\_

WORK ( \_\_\_\_ ) \_\_\_\_\_

Does your child have any severe medical problems, i.e. asthma, allergic to medications, allergic to bee stings, heart trouble, epilepsy, diabetes, physical handicaps, est.? Please specify:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Should there be any limits on his/hers physical activity? If so, what are they? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has your child had any serious illness in the last three years? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

May we contact the doctor for medical reports? YES \_\_\_\_ NO \_\_\_\_

In case of emergency, person to contact if parent/guardian cannot be reached?

Name \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

What relationship is this person to the program participant? \_\_\_\_\_

Is the participant covered by medical insurance? YES \_\_\_\_ NO \_\_\_\_

If yes, what kind? Med-Cal \_\_\_\_\_ Kaiser \_\_\_\_\_

Other \_\_\_\_\_

Please provide medical coverage information (Med-Cal card number, Kaiser Card number, or other insurance claim form).

\_\_\_\_\_

When was the last time your son/daughter had a complete physical examination?

Date \_\_\_\_\_ Dr.'s Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

I do hereby authorize the performance of medical examinations and necessary treatments (including tests, x-rays, drugs, etc.) as may be deemed advisable for the period of time that my minor child or legal ward is enrolled as a participant in the Grossmont College Youth Development Camp. If an emergency arises requiring a major medical procedure, the program will attempt to reach me and to be guided by my wishes, but if I cannot be reached, I authorize the attending physician to act as medical judgment may dictate.

\_\_\_\_\_  
Parent/Guardian Signature

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

