

# **SAN DIEGO CRICKET ASSOCIATION – PARENTAL CONSENT AND RELEASE OF LIABILITY**

## **1. RELEASE OF LIABILITY**

I understand that the opportunity to participate in activities organized by SAN DIEGO CRICKET ASSOCIATION and its affiliated teams is a privilege. In consideration for that privilege, I am signing this Release of Liability form on behalf of myself and my minor children.

I understand that there are certain risks of physical injury or illness associated with these activities. In addition, I understand that there may be other risks associated with these activities of which I may not be presently aware.

By signing this Release, I expressly assume these risks for my child and me, whether such risks are known or unknown to me at this time. I release SAN DIEGO CRICKET ASSOCIATION, including its office bearers and affiliated teams and their players, from any claim that I or my children may have now or in the future against them for any physical and personal injury, illness or death due to participation in activities organized by SAN DIEGO CRICKET ASSOCIATION or its affiliated teams. This release of liability shall cover (without limitation) all claims for negligence and breach of fiduciary duty asserted by my child or any person made on their behalf.

## **2. AUTHORIZATION FOR MEDICAL TREATMENT**

With the increasing sophistication of the medical system, I understand it may be necessary to have a parental consent form present in the unlikely event of an injury or condition requiring medical treatment of my child. This consent and release gives SAN DIEGO CRICKET ASSOCIATION and its representatives the permission to take my child to the nearest, available medical facility and have any necessary emergency treatment administered.

IN CASE OF EMERGENCY, I UNDERSTAND THAT EFFORTS WILL BE MADE TO CONTACT ME; HOWEVER, IF I CANNOT BE REACHED, I HEREBY GIVE SAN DIEGO CRICKET ASSOCIATION AND ITS REPRESENTATIVES THE PERMISSION TO ACT ON MY BEHALF IN SEEKING EMERGENCY MEDICAL TREATMENT FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY OR ADVISABLE FOR MY CHILD'S HEALTH, SAFETY AND WELFARE. I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO, USING THE MEASURES DEEMED NECESSARY. I RELEASE SAN DIEGO CRICKET ASSOCIATION, ITS REPRESENTATIVES, AND ALL MEDICAL PROVIDERS FROM LIABILITY IN ACTING IN THIS REGARD AND RENDERING SUCH MEDICAL TREATMENT. I WILL BE FULLY RESPONSIBLE FOR ALL SUCH MEDICAL EXPENSES.

I represent that I am the parent/guardian of the child named below, who is under 18 years of age. In consideration for allowing my child/ward to participate in activities organized by SAN DIEGO CRICKET ASSOCIATION and its affiliated teams, I hereby consent to the foregoing on behalf of my child/ward and agree that this release shall be binding upon me, my child/ward, and our heirs, legal representatives and assigns.

I hereby agree to defend, indemnify and hold SAN DIEGO CRICKET ASSOCIATION, including its office bearers and affiliated teams and their players, harmless from any liability asserted by my child/ward subsequent to his or her reaching majority, including reasonable attorney's fees and costs. I also warrant that my child/ward is physically fit and able to participate in all activities organized by SAN DIEGO CRICKET ASSOCIATION and its affiliated teams.

## **3. MEDIA RELEASE**

I hereby grant permission to SAN DIEGO CRICKET ASSOCIATION the right to use, reproduce, and/or distribute any photographs, film, video-tapes and sound recordings of me and my child, without compensation or approval rights, for use in materials created for purposes of promoting the future activities of SAN DIEGO CRICKET ASSOCIATION and its affiliated teams.

## **4. BEHAVIORAL AGREEMENT**

I understand that illegal activities or behavioral issues may result in the named participant being sent home at the expense of the parent(s)/guardian(s). (These activities would include but not be limited to the possessions and/or use of drugs, alcohol or weapons; stealing; fighting; etc.) SAN DIEGO CRICKET ASSOCIATION and its representatives will make efforts to contact the parent(s)/guardian(s) to make arrangements before the named participant is sent home.

## **5. MEDICATION INFORMATION**

Any medication brought to any activity organized by SAN DIEGO CRICKET ASSOCIATION OR its affiliated teams must be accompanied by written instructions from a physician/parent. All prescriptions must be brought in the original container in which they were issued (with medical instructions, dosage information, etc.).

Participant Name: \_\_\_\_\_ Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_