

**CAPITAL AREA GAMES FOR LIFE 2010
RELEASE FORM**

I hereby release any responsibility of injury or accident while a participant in the Capital Area Games for Life in Austin, Texas.

I hereby authorize any emergency medical treatment deemed necessary in the event of an accident or injury while participating in the Capital Area Games for Life.

I hereby, in no way, hold The University of Texas at Austin Recreational Sports Center or the University of Texas School of Social Work liable for any accident or injury incurred while participating in the Capital Area Games for Life.

I hereby grant permission to Capital Area Games for Life to use photographs or video of participant taken in conjunction with the Capital Area Games for Life.

Print Name of Participant: _____

Participant Signature: _____
(if own responsible party)

Responsible Party Signature: _____

Witness (1): _____
(if resident signs release as own responsible party)

Witness (2): _____
(if resident signs release as own responsible party)

Date: _____

Facility Name: _____

NOTE: If no family or guardian is available, the Administrator's signature is acceptable. If a resident signs release for himself/herself, 2 witness signatures are necessary. RESIDENT MUST BE THEIR OWN RESPONSIBLE PARTY TO SIGN FOR HIMSELF/HERSELF.

STAPLE DOCTOR'S ORDERS TO THIS FORM

Please put releases in alphabetical order when submitting multiple entries.