

# MEDICAL RELEASE / HOLD HARMLESS

Calendar Year 2016

## Grass Valley Orcas Water Polo

Names of individuals covered by this Medical Release / Hold Harmless form:

Please list all minor children that are participating in the Grass Valley Orcas Water Polo program :

\_\_\_\_\_  
Participant Last Name (please print)

\_\_\_\_\_  
Participant First Name (please print)

\_\_\_\_\_  
Participant Last Name (please print)

\_\_\_\_\_  
Participant First Name (please print)

In case of emergency, contact \_\_\_\_\_ Emergency Contact Number \_\_\_\_\_

Family Physician \_\_\_\_\_

### MEDICAL RELEASE/HOLD HARMLESS

I/We, the parent/guardians of the above-signed children, agree and understand that water polo is a HAZARDOUS activity. I/We recognize that there are risks inherent in the playing water polo, including but not limited to, paralyzing injuries and death. I/We assume all risks and hazards incidental to the conduct of the activities. Further, I/we agree to indemnify and hold harmless Grass Valley Orcas Water Polo, its coaches, officers, directors, agents, and employees against any liability resulting from any injury that may occur to the participant while participating in activities. The participant also agrees to indemnify Grass Valley Orcas Water Polo for any damages incurred arising from any claims, demand, action or cause of action by the participant.

In case of an emergency, if family physician cannot be reached, I/we authorize my/our child to be transported to and/or treated by the attending physician without recourse to the organizers, sponsors, or any supervisors appointed by them. I/We likewise waive, to the extent not covered by liability insurance, any claim against any person transporting my/our child to and from activities. Further, the parent/guardian agrees to pay all costs associated with the medical care and transportation for the participant.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian's Name ( Please Print )

\_\_\_\_\_  
Contact phone number

\_\_\_\_\_  
Alternate phone number