

School Name: _____

POWDER PUFF ACTIVITY PERMISSION SLIP

Please print clearly. Form must be completed prior to game!

Student Name: _____

Grade: _____

Home Address: _____

Date of Birth: _____

STUDENT EMERGENCY MEDICAL INFORMATION:

Student's specific medical needs: _____

Current Medication(s): _____

Has your student had any concussions in the past? Please circle one: Yes/No. If Yes, how many? _____

List Dates of concussions: _____

Emergency phone numbers: Parent/Guardian _____

Cell Phone

Work & Home Phone

I give my permission for licensed medical personnel to treat this athlete in case of emergency

Signature of Parent/Guardian _____ *Date:* _____

WAIVER OF LIABILITY AND RELEASE:

I, the undersigned, hereby give my consent for the above-named student to practice and participate in the Powder Puff game on: _____. I hereby release and discharge the Mt. Diablo Unified School District ("District"), its officers, employees, agents, servants and volunteers from any and all liability arising out of or in connection with the above-described activity or all liabilities associated with any and all claims related to such activities that may be filed on behalf of or for the above-named minor/student. For the purpose of this document, liability is defined as all claims, demands, losses, causes of action, suits or judgments of any and every kind that occurs during the above described activity and that results from any cause including the active or passive conduct and/or negligence of the District or its staff and personnel.

I also acknowledge on my behalf and on the behalf of the above-named minor/student that there are risks that are inherent in the above mentioned activity, including the risk of serious injury or death that may occur though the conduct of the activity, participants, coaches, District, including conduct that may not be part of the ordinary risks of the activity. Additionally, serious injury or death may occur through conduct that is not authorized by the rules and regulations of the activity. I knowingly assume such risks on behalf of my son/daughter/ward.

I further acknowledge and understand that the District DOES NOT provide any type of insurance for this event and that I will be responsible for any and all medical costs in the event my son/daughter/ward is injured.

The release and waiver as set forth above shall also apply to all conduct and any resulting injury of death that occurs thereby in whole or in part from any cause whatsoever.

I have carefully read this waiver and fully understand the waiver of liability and release of liability and fully understand its terms and conditions and understand that by signing this document, I have given up substantial rights for myself and the named minor/student. I am aware that serious catastrophic injuries and even death may result in participation in any athletic activity.

Print Name of Parent/Guardian

Signature of Parent/Guardian

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