

**PARTICIPATION LIABILITY WAIVER
AND
MEDICAL TREATMENT AUTHORIZATION**

*Completion of this form is required to participate in the Santa Paula High School Alumni Basketball game scheduled on **November 27th**, 2021.*

Name of School in which function will be held: **SANTA PAULA HIGH SCHOOL**

Name of Participant: _____

All persons participating in the Santa Paula High School Alumni game shall be deemed to have waived all claims against the Santa Paula High School District or the State of California for injury, accident, illness, or death occurring during or by reason of the Basketball activity.

I have carefully read this authorization and fully understand its contents and voluntarily consent to its terms and conditions.

Signature of Player/Participant: _____

Date of Birth: _____ Date: _____

Address: _____ Phone: _____

If you have health insurance, please list:

Health Insurance Company: _____

Policy Number: _____ Group Number: _____

In the event of a emergency, please list an emergency contact:

Name: _____ Phone: _____

Relation: _____