

SOUTHERN CALIFORNIA MUNICIPAL ATHLETIC FEDERATION (SCMAF)
MINOR RELEASE FORM AND CONSENT FOR TREATMENT

CHILD’S NAME: _____ ACTIVITY: _____
First Last
MALE _____ FEMALE _____ DATE OF BIRTH: ____/____/____

PARENT OR GUARDIAN: _____

E-MAIL ADDRESS (PARENT/GUARDIAN): _____

PHONE: _____

RELEASE

I give permission for the minor in my custody to participate in the above-mentioned activity and hereby waive, release and discharge any and all claims or rights to claims for damages for death, personal injury or property damage which I may have, or accrue to me, as a result of said minor's participation in said activity. This Release is intended to discharge in advance the promoters, sponsors, the Southern California Municipal Athletic Federation (SCMAF), the officials, and any involved municipalities or other public entities (and their respective agents and employees), from and against any and all liability arising out of or connected in any way with said minor's participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

I further understand that serious accidents occasionally occur during said activity, and that participants in such activity occasionally sustain mortal or serious personal injuries, and/or property damages, as a consequence thereof. Knowing the risks of said activity, nevertheless, on behalf of said minor child, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who, through negligence or carelessness, might otherwise be liable to me, or my heirs or assigns for damages.

It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

I also hereby agree to Grant to the Southern California Municipal Athletic Federation (SCMAF), the right to use name, likeness, portrait, recorded voice, and biographical material in order to advertise, promote, and publicize SCMAF, but not, as an endorsement of any product or service of any advertiser.

I agree to accept and abide by the rules and regulations of the Southern California Municipal Athletic Federation (SCMAF).

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19
ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate in athletic programing, sanctioned activities, trainings and events related to the Southern California Municipal Athletic Federation (SCMAF), and its member agencies ("RELEASEES"), the undersigned acknowledges and agrees that:

1. Participation in these activities includes possible exposure to illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation in these activities as regards to protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Southern California Municipal Athletic Federation (SCMAF) their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event. WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

Date Signature of Parent or Guardian

CONSENT TO TREATMENT OF MINOR

*In the event of sudden illness, accident or injury which may occur while said minor is engaged in an activity supervised by the Southern California Municipal Athletic Federation and their representatives, agents or assignees, when neither the parents, guardian or designated family physician can be contacted, I hereby give my consent pursuant to California Civil Code #25.8 for emergency treatment as shall be necessary under the circumstances by any physician licensed under the Laws of the State of California.

Date Signature of parent or guardian

Family Physician: _____

Telephone: _____

Insurance Co.: _____ Type of Coverage: _____

Pertinent medical history information (Epilepsy, Diabetes, Allergies, etc.) _____

Emergency Number (other than parents): 1. Name _____ Phone _____