Harrison High School Emergency Authorization and Waiver Form

FORM TO BE COMPLETED FOR ALL PARTICIPANTS UTILIZING HHS FACILTIES

Parent or guardian, please review, complete and sign these forms. The completed forms must be on file no later than the start of the Youth Clinic.

EMERGENCY AUTHORIZATION FORM

I/We _____are the parent(s) or guardian(s) of _____ who will be utilizing the indoor/outdoor facilities at Harrison High School. In the event that I/we cannot be reached, I/we authorize the Director of this event or the acting person in charge of the event to make decisions regarding the emergency treatment of _____including seeking and approving medical treatment. This Emergency Authorization is valid for the following dates: _____.

Date Signature of Parent of Guardian Date Signature of Parent or Guardian

WAIVER OF LIABILITY FORM

In consideration of the use of Harrison High School facilities, the undersigned understands that, as the parent/guardian(s) of the participant, she is assuming full risk of injury arising from use of these facilities.

Any personal items that _____ brings with him/her to Harrison High School is at her risk and is not the responsibility of Harrison High School or the staff.

I/We understand and agree that the event personnel will provide _____, my/our child or ward, with instructions on any limitations to her participation as disclosed in the medical statement below. I/We are aware that the sport of softball involves a great deal of physical activity and that it is a contact sport that may result in injury. Neither Harrison High School nor the facility personnel shall be responsible for any injury or damage.

Medical Conditions which may limit activity or involvement or which facility personnel need to be aware:

_____

_____

By signing below, I/we expressly agree to be bound by the terms of this agreement.

_____

Date Signature of Parent of Guardian Relationship to participant

_____

Date Signature of Parent or Guardian Relationship to participant

WAIVER OF PUBLICITY FORM

I, the undersigned, give permission for use of any photos, movies and audio or video tapings of my child's activities at Harrison High School.

_____ _____

Date Signature of Parent of Guardian Date Signature of Parent or Guardian