

Anderson Valley Community Service District Recreation Department
ASSUMPTION OF RISK/MEDICAL CONSENT FORM

Event Activity: _____

Participant's Name(s): _____

Address: _____ Phone #: _____

Assumption of Risk:

As consideration for being permitted by the Anderson Valley Recreation Department and the Anderson Valley Community Services District in which this class/event is present, hereinafter collectively referred to as "Sponsors and/or Promoters" to participate in the event, I agree that I, my assignees, heirs, distributes guardians, and legal representatives will not make a claim against, sue or attach the property of the Sponsors/Promoters for any and all injuries or damage arising from my participation in the event and resulting from the negligence or other acts, however caused, of any employee, agent or contractor of the Sponsors/Promoters. I hereby release the Sponsors/Promoters from all actions, claims or demands that I, my assignees, heirs, distributes, guardians and legal representatives now have or may hereafter have of injury in damage resulting from my participation in event/class.

I am aware that participation in the event/class may be strenuous and potentially dangerous activity. I have knowledge of the risk involved and hereby agree to accept all risks of injury or death. I represent and certify that I am physically fit and have sufficiently trained for competition or participation in this event.

Parental Consent:

I give my consent for my child _____ to participate in the above activity and I release the above liability release on his/her behalf.

Consent for Medical Treatment:

I hereby give my consent to have my child treated by a physician or surgeon in case of sudden illness or injury while participating in the above activity. It is understood that the Anderson Valley Recreation Committee and the Anderson Valley Community Services District provide no medical insurance for such treatment and that the cost thereof will be at my expense. If a personal physician is listed below every effort will be made to contact such physician. However, the location of the activity or the nature of the illness or injury may require the use of emergency medical personnel.

Name of Physician	Address	Phone Number	insurance and #
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_____ (Initial) I DO NOT give my consent to treat and request that medical or surgical services be withheld.

Assumption of Financial responsibility:

I hereby agree that I will be financially responsible for any property or personal damage incurred, either purposefully or accidentally by my child or myself while participation in the above stated Anderson Valley purposefully or accidentally by my child or myself while participation in the above stated Anderson Valley Recreation Department/Anderson Valley Community Services District sponsored activity.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, ASSUMPTION OF RISK, CONSENT FOR MEDICAL TREATMENT AND ASSUMPTION OF FINANCIAL RESPONSIBILITY AND CONTRACT BETWEEN THE SPONSORS/PROMOTERS AND ME, AND I SIGN IT OF MY OWN FREE WILL.

Signature of Participant

Date

Signature of Parent/Guardian of Participant
If the participant is under 18 years of age.

Date