

Rolling Hills Country Day School
Release and Waiver

We (hereafter called "Undersigned") have full custody of (Student's Name) _____ (hereafter called "Student"), a minor. In consideration for permitting the student to participate in AFTER SCHOOL ATHLETICS (hereafter called "Activity") on SEPTEMBER 2017-JUNE 2018 between the hours of 2:30 PM and 5:00 PM . The Undersigned voluntarily release, discharge, waiver, relinquish all claims, and covenant not to sue Rolling Hills Country Day School (hereafter called "School"), RHCDS Inc., its directors, officers, agents, assigns, and employees, from all liability to the Undersigned or the Student and all his/her personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the Undersigned or the Student whether caused by the negligence of the School or otherwise while the Student or the Undersigned are engaged in the above mentioned Activity. The Student and the Undersigned hereby assume full responsibility for any risk of bodily injury, death, or property damage to the Student and the Undersigned due to negligence of the School, its directors, officers, agents and employees while the Student and the Undersigned are engaged in the above-named Activity. The Undersigned further expressly agrees that the foregoing Release and Waiver is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. The Undersigned has read and voluntarily signs the Release and Waiver of Liability, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Parent or Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Emergency Contacts

In case of unexpected illness or emergency, it is extremely important for the health and welfare of the Student to be able to immediately contact the parents or guardian:

Residence Phone: _____

Father's Daytime Phone: _____

Mother's Daytime Phone: _____

Name of Friend or Relative: _____ Daytime Phone: _____

Name of Friend or Relative: _____ Daytime Phone: _____

Name of Friend or Relative: _____ Daytime Phone: _____

Please list the name and telephone number of a medical doctor or other health advisor who is located reasonably near the School, and who, by virtue of the parent or guardian's signature below, will have full authority to render any and all necessary emergency medical or surgical aid to the student at the parent's expense.

Health Care Provider's Name: _____ Phone: _____

Authorization of Consent to Treatment of Minor

We the Undersigned, parents/guardians of (Student Name) _____, a minor, authorize the School as agent(s) for the Undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which aforementioned physician in the exercise of his/ her best judgment may deem advisable. The authorization is given pursuant to the provisions Section 6910 of the Family Law Code of California. We, the Undersigned, authorize any hospital which has provided treatment to the above-named minor pursuant to the provisions Section 6910 of the Family Law Code of California to surrender physical custody of such minor to the above-named agent(s) upon the completion of treatment. This authorization(s) is given pursuant to Section 1283 of the Health and Safety Code of California.

These authorizations shall remain effective until revoked in writing and delivered to said agent(s).

Parent or Guardian Signature: _____ Date: _____

This paper must be completed, signed, and returned to the School in order for the Student to participate in this Activity.

Permission by telephone or fax is **not** acceptable. Thank You.