

**UCLA WOMEN'S LACROSSE CLINIC**

January 21, 2012

Participant's Name: \_\_\_\_\_

**Waiver of Liability, Assumption of Risk and Indemnity Agreement**

**Waiver:** In consideration of being permitted to use the property, facilities, staff, equipment and services of UCLA Women's Lacrosse on 1/21/12 and participate in any way in the above referenced women's lacrosse clinic hereinafter called "The Clinic", I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge and covenant not to sue The Regents of the University of California**, its directors, officers, employees and agents **from liability from any and all claims including the negligence of UCLA Women's Lacrosse, its officers and agents**, resulting in personal injury, accidents or illness (including death), and property loss arising from, but not limited to, participation in the Clinic.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor - Date

\_\_\_\_\_  
Signature of Participant - Date

**Assumption of Risks:** Participation in The Clinic carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises and sprains 2) major injuries such as eye injuries or loss of sight, joint or back injuries, heart attacks and concussions to 3) catastrophic injuries including paralysis and death.

**I have read the previous paragraphs and I know, understand and appreciate these and other risks that are inherent in the activities made possible by The Clinic. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD The Regents of the University of California, its directors, officers, employees and agents HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees brought as a result of my involvement in The Clinic and to reimburse them for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement 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.

**Acknowledgement of Understanding:** I have read this waiver of liability, assumption of risk and indemnity agreement, fully **understand its terms and understand that I am giving up substantial rights, including my right to sue**. I acknowledge that I am signing the agreement freely and voluntarily and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor - Date  
Participant's Age (if minor) \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant - Date

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**Waiver of Liability, Assumption of Risk and Indemnity Agreement - continued**

**DROP-OFF / PICK-UP:** Participants may be dropped off in front of Parking Structure 4, at 221 Westwood Plaza, between 8:30-9:30am and picked up from the fields between 2:00pm and 2:30pm, although we highly encourage the participants to stay and watch the UCLA team take on USC at 2:30pm. If you wish to park and/or plan to accompany a participant to the field, please use a pay-by-space parking spot located in Parking Structure 4 (entrance off Sunset Boulevard). When picking up participants, please be prepared to show picture identification.

**PickUp Authorization** (Parents must list themselves in addition to any other authorized individual.)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ **I request UCLA Recreation to allow my child to release herself at the end of the clinic.**

Parent/Guardian Authorization Signature \_\_\_\_\_

**Mandated reporting:** UCLA Recreation employees are mandated, by California State Law, to report any suspected cases of child abuse or neglect directly to the appropriate authorities for investigation. While we have established internal procedures to facilitate reporting and apprise supervisors, we cannot by law require our employees to disclose his or her identity to anyone.

**I give my consent to the use of any photographs taken of the minor child by UCLA Recreation Staff, or their representatives, to be used for editorial and/or promotional uses only.**

I am the parent or legal guardian of the minor \_\_\_\_\_, and I am signing on behalf of said minor.

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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**PARTICIPANT EMERGENCY INFORMATION & EMERGENCY TREATMENT CONSENT FORM**

**I. Participant Information**

Name (First/Last/MI) \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**II. Family Information**

Parent/Guardian (First/Last/MI) \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Emergency Contact Number \_\_\_\_\_

**III. Health Information**

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Insurance Co. \_\_\_\_\_ Employer Group # \_\_\_\_\_  
Policy Holder Name \_\_\_\_\_ Member # \_\_\_\_\_

Please advise us of any learning disabilities, emotional or physical conditions to assist us in providing the best experience for your child. \_\_\_\_\_

**List any or all medications which your child will bring with her to the clinic:**

Medication	Medical Condition	To Be Given When/How
_____	_____	_____
_____	_____	_____

**IV. Allergies:** List all known allergies

Medication allergies	Describe reaction and management of the reaction
_____	_____
_____	_____

Food allergies or Dietary Restrictions  
\_\_\_\_\_  
\_\_\_\_\_

Other allergies - include insect stings, hay fever, asthma, animal dander, etc.  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT! PLEASE READ AND SIGN BELOW**

Informed Consent for Emergency Treatment: In the case of an emergency and if I can not be reached, I authorize the staff of UCLA Recreation to obtain whatever medical treatment he/she deems necessary for the welfare of my child. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment regardless of whether or not my medical insurance would cover such charges and fees. I am the parent or legal guardian of the minor \_\_\_\_\_, and I am signing on behalf of said minor.

Print Name of Parent/Guardian \_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_