



Chico Country Day School Athletic Waiver & Medical Release

Participants Name: _____ Age: _____

Address: _____ City _____ Zip _____

Parent/Guardian Name(s): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Primary Care Physician: _____ Phone: _____

Existing Medical Coverage: _____

Plan #: _____

Known allergies: _____

(include medication, food, bee stings, etc.)

Current Medications: _____

(or any related information that would assist in safe treatment)

Date of last Tetanus Booster: _____

_____ (student name) has my permission to participate in a sports team at Chico Country Day School. These sports are inherently dangerous and a participant is at risk of being seriously injured. These injuries could include, but are not limited to, the following:

- | | |
|--------------------|---------------------|
| 1. Sprains/strains | 6. Disfigurement |
| 2. Fractured bones | 7. Head Injuries |
| 3. Cuts/abrasions | 8. Loss of eyesight |
| 4. Unconsciousness | 9. Concussion |
| 5. Paralysis | 10. Death |

All participants in this activity should understand that their participation is voluntary and is not required by Chico Country Day School

Voluntary Participation Liability Waiver

In consideration for being permitted by Chico Country Day School to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, illness (including, but not limited to, COVID-19) death, or property damage which I may have or which may hereafter accrue as a result of my participation in said activity. This release is intended to discharge in advance the above school (its officers, employees, and agents) from and against any and all liability arising out of or connected in any way with my participation in said activity. I understand that I may undergo a wellness check each day of the activity. I understand that the above activity may be of a hazardous nature and/or include physical and/or strenuous exercise or activity; and that participants in the above sport or activity occasionally sustain mortal or personal injuries and/or property damages as a consequence thereof. Knowing the risks involved, nevertheless, I have voluntarily applied to participate in said activity and I hereby agree to assume any and all risks of injury or death and to release and hold harmless the above districts, its officers, employees, and agents. It is further understood and agreed that this waiver, release, and assumption of risks is to be binding on my heirs and assigns. I further agree to indemnify and to hold the above districts (its officers, employees, and agents) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that I may sustain while participating in said activity.

I have carefully read the above agreement, waiver, and release and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the above school and sign it of my own free will.

Signature of Parent/Guardian of Participant: _____

Print Name _____

Date _____

Medical Release

I hereby permit my child to participate on a Chico Country Day School sports team. I understand and fully accept that there are risks involved in sports, and accidents and injuries are common and are ordinary occurrences in sports. I hereby release and hold harmless Chico Country Day School, Chico Country Day School Board of Directors, the Athletic Director, designated coaches and program officials and supervisors from all liability, and from all actions or claims that I or my child nor or hereafter have for damage of injury to my child now or hereafter have for damage or injury to my child or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with my child's participation.

In the event that my child becomes ill or sustains an injury while in the car or under the supervision of the Sports program operated by Chico Country Day School, any of the adult supervisors of the activity is given my permission to administer first aid for my child's relief. If it is not practical to return my child to me or to receive my instructions for his/her care:

I, the undersigned parent or legal guardian of a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and emergency hospital care, which are deemed advisable by and are rendered under the general or special supervision of any of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act and on the staff of any acute general hospital from the State of California Department of Health. It is understood that efforts shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

I further agree to not hold Chico Country Day School liable for medical aid rendered and will make reimbursement for the medical or other expenses incurred for the care of the named minor.

Signature of Parent/Guardian of Participant: _____

Print Name _____

Date _____

Emergency Contact: _____

Phone: _____

Please provide the name of individuals authorized to pick up your child in the event your are not available:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____