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| Team Name |  | Division |  |

**HOLLYWOOD DODGERS**

**Waiver of Liability**

*(To be filed with Hollywood Dodgers/JAO)*

I, the undersigned, understand that the participation in a basketball league involves certain risks of injury. With this understanding, I, the undersigned parent (or guardian) of

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|  |
| [Print registrant’s name] |

consent to my daughter’s/the registrant’s participation as a player in the Japanese American Optimist (JAO) basketball league. I am aware that basketball is a strenuous sport and that participation in basketball games, training, and conditioning can result in physical injury such as sprains, broken bones, head injuries, and on occasion, even death. I am fully familiar with my child’s medical and physical condition. My child has no illness or other medical condition which prevents her from fully participating in a vigorous sport such as basketball or which would be aggravated or exacerbated by or otherwise result in a worsening of my child’s medical or physical condition due to her participation in basketball games, training or conditioning. I understand the coaches, assistant coaches, parents and other team members acting in such capacities or the capacity of activity supervisors will rely on the foregoing representation. For and in consideration of my child being permitted to participate in JAO and their affiliated organizations, and in their basketball games, training and conditioning, I, the undersigned parent or guardian, hereby voluntarily waive, release, discharge, and relinquish for myself and my family, including my child, our heirs, successors, and assigns, any and all liability, claims, suits, actions, or causes of actions anticipated or unanticipated, against the coaches, assistant coaches, parents, and other team members, for personal injury, death, or property damage occurring to my child arising from my child’s participation therein and in any activity incidental thereto wherever or however the same may occur, and whether the same may arise from the negligent acts or omissions of any of said persons, or otherwise. This waiver shall remain in effect throughout the current season (including tournaments and JAO sanctioned events) or until JAO is otherwise notified.

If it becomes necessary for my child to have medical, surgical, or dental care while participating in any of the aforementioned activities, I hereby authorize the coaches, assistant coaches, parents or team members, acting in such capacities or as activity supervisors, as my agents to consent to medical, surgical, or dental examination and treatment. In case of such emergency, I hereby authorize treatment and care by any physician at any hospital.

In case of an emergency for which I cannot be reached, please contact:

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| --- | --- | --- | --- | --- |
| **Emergency Contact:** | |  | | |
| **Relationship:** |  | | **Telephone** |  |

I have read all of the foregoing and am fully aware of the legal consequences of signing this instrument.

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| Signature of Parent/Guardian | Print Name of Parent/Guardian | Date |
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| Team Name |  | Division |  |

**HOLLYWOOD DODGERS**

**AUTHORIZATION FOR THIRD PARTY TO CONSENT TO**

**TREATMENT OF A MINOR LACKING CAPACITY TO CONSENT**

*(To be filed with Team Organization, if required)*

(I)/(We), the undersigned parent(s)/person(s) having legal custody/legal guardianship of

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|  | , minor, do hereby authorize |  |
| (Player’s Name) |  | (Organization Name) |

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 or 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 to power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care, which a physician meeting the requirements of this authorization, may, in the exercise of his/her best judgment, deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

(I)/(We) hereby authorize any hospital which has provided treatment to the above named minor pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to (my)/(our) above named agent(s) upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

I understand that any cost incurred for emergency medical, surgical, or dental treatment shall be my sole responsibility.

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| **Medical Insurance Carrier** |  | | |
| **Insured Social Security #:** |  | **Group #:** |  |

Does your child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition? Yes  No

If yes, please describe the condition below:

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| This authorization shall remain effective until |  | , | 200 | , unless |

sooner revoked in writing and delivered to said agent(s).

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| Relationship (check one) | Parent |  | Legal Guardian |  | Person having legal custody |  |

|  |  |  |
| --- | --- | --- |
| Signature of Parent/Guardian | Print Name of Parent/Guardian | Date |
|  |  |  |