



Waiver of Liability and Consent for Treatment

Name of Player _____ Player's Age _____

Home Address _____ City _____ State _____

Family Physician _____ Phone (____) _____

List any Allergies _____

Required Medication _____

Name of Event _____

Health Insurance Company _____

Health Insurance Policy No. _____

The City of Surprise, the directors, supervisors, instructors of the City of Surprise and its officials are hereby released and discharged from any suit of injury, illness or damage to personal property during the course of this program except that resulting from gross negligence and or intentional conduct thereof. I hereby covenant to indemnify and hold harmless the foregoing from any losses or damages, including reasonable attorney fees, which may be incurred in the event of any such claims asserted against them or any of them. ***In case of accident or illness, I hereby authorize attending staff to use his/her judgment in obtaining immediate Medical Care.***

DATE _____ SIGNED _____
(Parent or Guardian)

Daytime Phone (____) _____ Home Phone (____) _____

Cell Phone (____) _____ Cell Phone (____) _____

Contact #3 (____) _____ Contact #4 (____) _____

(Parents/Guardians will be notified in case of serious illness or injury as quickly as they can be reached, but this form will make immediate treatment possible)