

**BELLFLOWER UNIFIED SCHOOL DISTRICT  
 MEDICAL TREATMENT AUTHORIZATION  
 WAIVER, RELEASE AND IDEMNITY AGREEMENT  
ASSUMPTION OF RISK FOR PARTICIPATION IN VOLUNTARY SPORTS PROGRAM**

Student Name:	School:
Description of Activity:	Date(s) of Activity:

Transportation provided by District

Transportation is parent responsibility

By my signature below, I hereby give permission for my son/daughter to participate in the above-described activity. I realize that this activity is voluntary as part of the Bellflower Unified School District sports program. I am aware of the transportation arrangements for this activity and acknowledge that if the school is providing no transportation, the parent/guardian has complete and sole responsibility for all transportation arrangement. I understand that this activity could cause serious illness and/or injury or death, and I assume all risks for any such illness and/or injury or death. I am aware that the Bellflower Unified School District does not provide coverage for medical treatment in connection with this activity. If a participant does not have private medical insurance, low-cost school insurance is available through the District.

For and in consideration of permitting the above named child to participate in the activity described above, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage or wrongful death occurring to his/her child/ward or him/herself arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever of however the same may occur and for whatever period said activities may continue. The undersigned does for him/herself, his/her heirs, executors, administrators, and assigns hereby release, waive discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, bodily injury, property damage or wrongful death against the Bellflower Unified School District or any of its officers, agents, or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise.

The undersigned hereby acknowledges that he/she knowingly and voluntarily assumes all risks of bodily injury to his/her child/ward or him/herself, as stated, and expressly acknowledges their intention, by executing this instrument, to exempt and relieve the Bellflower Unified School District, its officers, agents, and employees, from any liability for personal injury, bodily injury, property damage or wrongful death that may arise out of or in any way be connected with the above described activity. I have read and understand the foregoing and have voluntarily signed this agreement. I am aware of the potential risks involved in this activity and I am fully aware of the legal consequences of signing this instrument. I further acknowledge that the District does not automatically provide for medical coverage for participants in this activity.

Health or special needs: Check as appropriate.

	Participant has no special health needs the staff should be aware of, and no medication is required.
	Participant has a special need, and instructions are attached. Number of attached pages:
	Other

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

Parent/Guardian Signature:	Phone Number:
Parent/Guardian Name (Please Print):	Date:
Address:	Health Plan:
Participant Signature:	Health Plan #:

## ATHLETIC PHYSICAL EXAMINATION

Student Name:				Grade:					
Address:									
Phone Number:				Height:		Weight:			
A Check Indicates Normal:				Lungs	Heart	Teeth	Pulse	Hernia	Reflexes
Eyes	Ears	Nose	Throat	Blood Pressure			Musculo-Skeletal		

I certify that I have on this date examined the above student and recommended him/her as being physically able to compete in all supervised activities.

EXCEPTIONS: \_\_\_\_\_

Date of Examination: \_\_\_\_\_ Signed: \_\_\_\_\_

Physician

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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### INSURANCE WAIVER

IT IS CERTIFIED THAT THE ABOVE NAMED STUDENT IS COVERED BY VALID INSURANCE WHICH PROVIDES:

1. At least \$1,500 insurance protection for medical and hospital expenses resulting from accidental bodily injuries incurred while participating in, practicing for, and traveling to and from inter-school athletic contests or other school activities.
2. This insurance provides for payment of medical and hospital benefits in amounts equal to or exceeding the minimum medical fee schedule in use by the Industrial Accident Commission, for the purpose of medical and hospital benefits under Division 4 of the Labor Code.
3. This insurance required is issued by an admitted insurer, or through a benefit and relief association described in subparagraph (1) or subdivision (c) of Section 10493 of the Insurance Code.

### PARENT'S STATEMENT

I will maintain the stated coverage during the current school year or will immediately notify the school if the coverage terminates or does not meet the stated requirements.

Student Name:	Insurance Company:
Policy Number:	Expiration Date:
Signature of Parent:	Date:

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### PARENT'S CONSENT

Participation in competitive athletics may result in severe injury, including paralysis or death. Changes in rules, improved conditioning programs, better medical coverage and improvements in equipment have reduced these risks, but it is impossible to totally eliminate such occurrences from athletics.

Players can reduce the chance of injury by obeying all safety rules in their sport, reporting all physical problems to their coaches, following a proper conditioning program and inspecting their own equipment daily. Damaged equipment must be replaced immediately.

Even if all requirements are met, and even if the athlete is using excellent protective equipment, a serious accident may still occur.

I acknowledge that we have read and understand this warning. I have read the Bellflower Unified School District Athletic Code with my son/daughter. We fully understand it and agree to live up to the standards represented by it.

I hereby give my consent for \_\_\_\_\_ to compete in sports and to go with a representative of the school on any trips.

Signature of Student:	Signature of Parent/Guardian:
Home Phone #:	Work Phone #:
Please list all schools attended in the last 12 months:	