

## Waiver and Consent to Medical Treatment

In consideration of being allowed to participate in **Spring Training Conference North 2019** or **Spring Training Conference South 2019** on **May 4th 2019** or **May 5th 2019** respectively, I, \_\_\_\_\_ [print participant's name] from \_\_\_\_\_ [print home club's name], hereby waive and release Kiwanis International, Key Club International, Circle K International, the California-Nevada-Hawaii District of Kiwanis, Key Club, KIWIN'S and Circle K, as well as all of their agents, employees, trustees, volunteers, affiliated clubs, officers, directors, and members, from any and all liability for any claim, damage or injury, including but not limited to physical and/or emotional injury, medical and/or psychological expenses, and attorney's fees, arising from or related to my participation in this event.

I understand and am aware that this activity involves physical activity and risk, including but not limited to jumping, running, and standing or sitting in areas where stray balls may suddenly come towards me. I am in appropriate medical condition to engage in this activity, and I assume all risks associated with this activity. I agree to follow the directions of any and all supervising adults, such as members of Kiwanis. I further understand that failure to follow such directions, or to otherwise act in an unsafe, illegal or unsportsmanlike manner, will be a basis from my being precluded from continuing to participate in this activity without refund of any fees or expenses paid, or from being allowed to participate in future activities.

I understand and agree that my image may be captured in photographs or video and used in publications including, but not limited to, posting of my image on the Internet. I give express permission to do so, and my waiver and release in this document apply to those uses as well.

In the event I am injured, I authorize the supervising adults to obtain medical treatment on my behalf as may be reasonably necessary. I understand and agree that if such medical treatment is not covered by my personal medical insurance, I will be solely and completely responsible for any and all financial costs associated with that medical treatment. I agree and consent to the foregoing.

This waiver is being submitted for:

☐ Early Registration

☐ Late Registration

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Participant Name

\_\_\_\_\_  
Area Code + Telephone

\_\_\_\_\_  
Home Street Address

\_\_\_\_\_  
Home City and Zip Code

\_\_\_\_\_  
Emergency Contact and Relationship

\_\_\_\_\_  
Area Code + Telephone

\_\_\_\_\_  
Health Insurance Provider

\_\_\_\_\_  
Regular Medications

IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE, A PARENT OR GUARDIAN MUST SIGN THE FOLLOWING.  
I consent and agree to the foregoing on behalf of the participant.

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

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Area Code + Telephone