*COUNTY OF LOS ANGELES - DEPT. of BEACHES & HARBORS*

# W.A.T.E.R. YOUTH PROGRAM

## OCEAN SAFETY EDUCATION DAY

**HARVARD WESTLAKE MIDDLE SCHOOL**

**OCTOBER 17 & 18, 2016**

**STUDENT/PARTICIPANT'S NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GENDER**: F M  **BIRTHDATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **AGE:** \_\_\_\_\_\_

**ADDRESS:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CITY**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**STATE**\_\_\_\_\_ **ZIP\_\_\_\_\_\_\_\_\_**

**TELEPHONE NUMBERS**

**HOME:(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_MOTHER'SWK(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_FATHER'SWK(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_**

**MOTHER’S CELL(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FATHER’S CELL(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

IN CASE OF AN EMERGENCY, IF WE ARE UNABLE TO CONTACT EITHER PARENT, PLEASE PROVIDE THE NAME AND PHONE NUMBER OF A RELIABLE FRIEND OR RELATIVE: NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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AMATEUR ATHLETIC

MINOR WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the Los Angeles County W.A.T.E.R.Program athletic/sports program, and related events and activities, the undersigned:

1. Agrees that the parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach of such condition(s) and refuse to participate.

2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence, but the action, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at the time.

3. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.

4. Release, waive, discharge and covenant not to sue the County of Los Angeles, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasee" from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT OR GUARDIAN SIGNATURE RELATIONSHIP DATE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT OR GUARDIAN SIGNATURE RELATIONSHIP DATE**

Print name of Participant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name of Parent or Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### AUTHORIZATION OF CONSENT TO MEDICAL TREATMENT OF A MINOR

I(We), the undersigned, parent(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor, do hereby authorize all representatives of the Los Angeles County Department of Beaches and Harbors and the Fire Department 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 rendered under the general or special provision of any physician and surgeon licensed under the provisions of the Medical Practice Act or the medical staff of any accredited hospital, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgement may deem advisable.

It is understood that effort shall be made to contact the undersigned prior to the rendering of treatment to the patient but that none for the above treatment shall be withheld if the undersigned cannot be reached.

This authorization shall remain effective through September 30, 2017 unless sooner revoked in writing and delivered to said agent(s).

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

In compliance with Consent Manual, California Hospital Association.

**Doctor's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Information**: (include known allergic reactions, specific medications, medical problems, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OPTIONAL**: Please CHECK which best identifies the participant.

AMERICAN INDIAN/or \_\_\_\_ ASIAN-PACIFIC ISLANDER

\_\_\_\_ NATIVE AMERICAN (Chinese, Japanese, Korean, Southeast,

and persons having origins on the Indian subcontinent)

\_\_\_\_ HISPANIC

(Mexican-American, South American,

Cuban, Puerto Rican) \_\_\_\_ BLACK/or AFRICAN-AMERICAN

\_\_\_\_ FILIPINO \_\_\_\_ WHITE/or CAUCASIAN

**Giving permission to use participant’s photos in our Brochure and website for Los Angeles County W.A.T.E.R. Youth Program**

IN CONSIDERATION FOR VALUE RECEIVED, I hereby give County of Los Angeles Department of Beaches and Harbors or its assigns the absolute right and

permission to copyright and/or publish, or use photographic portraits or pictures of my child or in which he/she may be included in whole or in part, or composite or reproductions

thereof in color or otherwise, made through any media, for art, advertising, publicity, promotions, or any other lawful purpose whatsoever.

I hereby waive any rights that I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith, or the use to

which it may be applied.

I hereby release, discharge and agree to save County of Los Angeles Department of Beaches and Harbors from any liability by virtue of alteration, optical illusion, or use

in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said pictures, or in any process tending toward the completion of the

finished product.

Dated this day\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent, Guardian or Witness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_