

**GOLETA VALLEY GIRLS SOFTBALL ASSOCIATION**

**Approval to Participate, Consent for Medical Treatment and Waiver and Release**

\_\_\_\_\_  
Player's last name                      First Name                      Middle                      Date of Birth

**Approval to Participate**

I/We, the parent(s)/legal guardians of the above named player, a minor, hereby give my/our permission and consent for said player to participate in any and all activities of USA Softball and its affiliated organizations (hereinafter collectively USA Softball) including transportation to and from such activities.

**Waiver of Liability and Assumption of Risk**

I/We understand and acknowledge that USA Softball activities are inherently risky and may result in serious injury, or even death. I/We for myself/ourselves and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby (i) expressly assume any and all risks and hazards directly or indirectly incidental to such participation in USA Softball activities including transportation to and from such activities; (ii) expressly waive, release, indemnify and agree to hold harmless, defend and indemnify USA Softball, the owners and operators of the facilities used for the Programs, and all its directors, officers, employees, agents, sponsoring organizations, sponsors, organizers, administrators, participants, coaches, assistants or other representatives including any and all persons or groups providing transportation to and from any USA Softball activities, from and against any and all claims, demands or lawsuits directly or indirectly arising from participation in any USA Softball activities.

I/We, the parent(s)/legal guardians of the above named player, a minor or as a player over the age of 18, agree that I/we and the player will abide by the rules and regulations of USA Softball.

I/We hereby waive any and all rights to any photographs, video tapes, motion pictures, recordings or any other record of the activities which may be made by USA Softball and affiliate organizations.

**Consent to Medical Treatment**

I/We the parent(s)/legal guardian of the above named player, a minor, authorize the following:

I hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to him or her under the general or special supervision of and upon the advice of a physician and/or surgeon licensed under the provisions of the Medical Practice Act or a dentist licensed under the provisions of the Dental Practice Act.

I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but it is given to provide authority and power to render care which the aforementioned physician, surgeon or dentist, in the exercise of his or her judgement, may deem advisable for the above named minor.

I agree to pay for the above named Minor's medical expenses, including the cost of emergency medical services, if he or she is injured. I understand that an effort will be made to contact me prior to rendering treatment, but any of the above treatment or emergency services will not be withheld if I can not be reached.

This consent shall remain in effect until December 31, \_\_\_\_\_ (unless revoked at an earlier time)

SIGNATURE OF PARENT(S) OR LEGAL GUARDIAN(S) \_\_\_\_\_ DATE: \_\_\_\_\_

Name (please print) of Parent(s) or Legal Guardian(s) \_\_\_\_\_ DATE: \_\_\_\_\_