

**Waiver and Liability Release Form**

In consideration of being allowed to participate in any way in any program, activity or event, (referred to herein as the “Program”) sponsored by, performed by, or in any way involving San Antonio Youth for Christ. (“SAYFC”), I, as Participant, or if Participant is a minor, as parent or guardian of the minor Participant (herein referred to as “I”) and intending to be legally bound do hereby acknowledge and agree to the following:

1. I hereby waive, discharge, and release any and all rights and claims for damages whether based upon negligence or any other theory of law, which I, or my child, heirs, agents, representatives, or assigns may have against SAYFC, and its affiliates, agents, representatives, assigns, or successors including, without limitation, San Antonio Youth for Christ; any affiliates or subsidiaries of SAYFC or the Associations; any officers, directors, shareholders, agents and/or employees of or associated with SAYFC, the Associations, the municipalities or counties in or through which the programs or events take place or are conducted, as well as any other person, entity or sponsor connected with the Program and any of their affiliates, agents, representatives, assigns, successors, officers, directors, shareholders, and employees, for any and all injuries or damages which I, or my child, may suffer while taking part in the Program.
2. I hereby assume any and all of the foregoing risks resulting from my, or my child’s, participation in the Program and accept all personal responsibility for any resulting damage including, but not limited to, injury, permanent disability or death
3. I hereby verify that I, or my child, am/is in good physical health and able to participate in and/or complete the Program.
4. I hereby agree to indemnify and hold SAYFC harmless from and against all liabilities for any injury which may be suffered by the Participant arising out of or in any way connected with his/her participating in the Program.
5. I have read and fully understood this Waiver and Release. I further understand that by participating in the Program, I/we will have waived substantial rights.
6. I have knowingly and voluntarily agreed to this Waiver and Release.

**FOR PARENTS OF PARTICIPANTS UNDER THE AGE OF 18**

I affirm and acknowledge that I, as parent/guardian with legal responsibility for the Participant, do consent and agree to his/her release as provided by the Waiver and Release herein,

**MEDIA/PHOTO WAIVER:**

I hereby authorize and give my full consent to SAYFC and their agents and assigns to take, copyright and/or publish any and all photographs, videotapes and/or film (the “Media”) in which I, or my child, may appear while participating in the Program. I further authorize that SAYFC to transfer, use or cause to be used, the Media in any exhibitions, public displays, publications, commercials, art and advertising purposes, without limitations or reservations.

Signature of Parent / Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Release Form**

As the parent/guardian of \_\_\_\_\_, I request that in my absence the above student be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named Student.

Birth Date of Student \_\_\_/\_\_\_/\_\_\_ Date of last Tetanus Booster \_\_\_/\_\_\_/\_\_\_

Known allergies of this player, including any allergies to medicine \_\_\_\_\_

Any other medical problems which should be noted \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Person responsible for charges (if different than above) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Person to notify if parent/guardian is unavailable \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

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