

WAIVER
PARENTAL/GUARDIAN RELEASE FORM

RUSH FOR A CAUSE
5th Annual Family Sports Blitz Fundraiser
August 15, 2015

I, the parent of _____, who desires to participate in the Rush For A Cause Fundraiser, fully understand the activities being offered. In particular, I understand that participants in recreational sports activities risk physical injury when participating in, being around, or traveling to and from such activities. Nevertheless, I consent to said child's full participation in all of the activities of the Rush For A Cause fundraiser. I hereby on behalf of myself, said child, and all parents and guardians of said child, waive the right to sue, release from liability, absolve, indemnify and agree to hold harmless, Rush For A Cause, including all representatives and Board members, Brecksville-Broadview Hts. City and/or School District, Catholic Charities (CYO) Diocese of Cleveland, Dick's Sporting Goods, organizers, volunteers, supervisors, coaches, participants, for and from any claim arising out of injury to said child. The consideration of this release is the pleasure and benefit occurring to me and to said child as a result of his/her participation in any and all activities, which consideration I deem sufficient for granting of this release.

Signed by
parent/guardian _____ Date _____

Print parent/guardian name _____

EMERGENCY MEDICAL AUTHORIZATION

****Part I or II must be completed****

Part I

I/We hereby authorize representatives of Rush For A Cause, including directors, trustees, officers, volunteers, and employees, to seek emergency medical care and/or treatment for _____ my child, who may become ill or injured while under the supervision and care of Rush For A Cause, its directors, trustees, officers, volunteers, coaches, organizers, employees, and CVNP when the parents or guardians cannot be reached.

Specifically, in the event that reasonable attempts to contact me at _____ (phone number) or _____ (other parent, guardian or emergency contact) at _____ (phone number) have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by a licensed physician or dentist; and (2) the transfer to the nearest medical treatment facility and/or hospital as is deemed necessary.

Known allergies, medications being taken and physical impairments to which a physician or dentist should be alerted are as follows:

Date: _____

Parent/Legal Guardian Signature

Date: _____

Parent/Legal Guardian Signature

Part II

I/We do NOT give my consent for emergency medical treatment of my/our child, _____, in the event of illness or injury requiring emergency treatment. I/we wish representatives of Rush For A Cause, including directors, trustees, officers, volunteers, coaches, organizers, and employees, to take no action, or to:

Date: _____

Parent/Legal Guardian Signature

Date: _____

Parent/Legal Guardian Signature