

# GIRLS VOLLEYBALL Release of Liability Form

## *Acknowledgement & Assumption of Potential Risk for Voluntary Sports Event or Activity*

(Student name) \_\_\_\_\_ has my permission to participate in Volleyball. I fully understand the following:

Volleyball, by its very nature, poses some inherent risk of a participant being seriously injured. These injuries could include, but are not limited to, the following:

1. Sprains/strains
2. Fractured bones
3. Cuts/abrasions
4. Unconsciousness
5. Head Injuries
6. Loss of eyesight

**All participants in this activity should understand that the participation is voluntary and is not required by the school.**

The undersigned has read and hereby agrees to hold Golden Valley Charter School of Sacramento, its employees, agents, volunteers and/or sponsors, and any other person, firm or corporation charged or chargeable with the responsibility or liability, free and harmless from any and all claims, demands, damages, costs, expenses, loss of services, action and causes of action resulting from the use of the facilities, equipment and participation by (student name) \_\_\_\_\_ in the above named sport.

### Student's Emergency Contact Information:

(Please Print)

Student's Name: \_\_\_\_\_

Grade/Class: \_\_\_\_\_

**In the event of illness or injury and you cannot be reached, please contact;**

Name of Contact: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Phone #: \_\_\_\_\_

Alt. phone #: \_\_\_\_\_

### Medical Information:

Physician name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health insurance/MEDI-CAL (per Ed. Code 32220- 32224): \_\_\_\_\_

Plan Name: \_\_\_\_\_ Medical#: \_\_\_\_\_

List any medical conditions, allergies, or other limiting factors: \_\_\_\_\_

### Parent/Guardian Contact Information:

Parent/Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Work/Cell #: \_\_\_\_\_ Email (print): \_\_\_\_\_

In the event of illness or injury, I do hereby consent to medical/hospital treatments that are determined necessary in the best judgment of the attending physicians or dentists.

\_\_\_\_\_  
Parent/legal guardian signature

\_\_\_\_\_  
Date