



Lamar County Recreation Department Medical Release And release of Liability Waiver

Player Name: _____ Birthdate __/__/____ Age: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Name (if under 18): _____

Home Phone: _____ Work: _____ Cell: _____

Emergency contact: _____ Phone: _____ Relationship: _____

Existing Medical Coverage: _____ Plan: _____

Known Allergies: _____

Current Medications: _____

Medical Release

I hereby voluntarily permit my child to participate in the youth sports program at Lamar County Recreation Department. I **UNDERSTAND AND ACCEPT FULLY THAT THERE ARE RISKS INVOLVED IN SPORTS, AND THAT ACCIDENTS AND INJURIES ARE COMMON AND ARE ORDINARY OCCURENCES OF SPORTS. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY, PERMANENT LOSS, OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE** _____

I am also giving my permission in an emergency that rec staff, volunteer coaches, and or trainers can order treatment for my child including any necessary medical treatment, tests or scans. I acknowledge that I assume all responsibility for medical expenses should they occur.

I (print) _____ Parent/Guardian of _____ have read and understand the medical release. Signature: _____

Release of Liability

As consideration for being permitted LCRD to participate in these activities, on behalf of myself, my spouse, my child, heirs, next of kin, or personal representative I hereby release, indemnify, and hold harmless to the fullest extent of the law, Lamar County Georgia, The Lamar County Recreation Department, and any Agents and Employees of either; from liability for **INJURY, PERMANET LOSS, DEATH, OR LOSS OF PERSONAL OR PROPERTY DAMAGE** that may be incurred by me, my family, and children while participating in any activities at any Lamar County Recreation Complex or Facility or in any activity sponsored by the Lamar County Recreation Department or engaging in any activities as a participant of LCRD.

FOR MYSELF, FAMILY, AND CHILD/CHILDREN; I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE STAFF, COACHES, VOLUNTEERS, OR OTHERS AND I ASSUME FULL RESPONSIBILITY FOR MY CHILD'S PARTICIPATION.

I have read this release of liability and assumption of risk agreement. I fully understand its terms and understand by signing I give up substantial rights and sign it freely. My signature indicates I have read and fully agree to both the medical liability waiver as well as the release of liability.

I (print name) _____: Parent/ Guardian of _____ agree to the above release of liability waiver. Signature: _____