

MEDICAL CONSENT, LIABILITY RELEASE AND INDEMNIFICATION FORM

My child _____ wishes to participate in the CDM Youth Camp that may or may not be supported and/or organized by the CDM Touchdown Club. I understand that my execution of this Agreement is a prerequisite for participation in the Program. I further understand that there are risks and dangers inherent in participating in this program.

I understand that in order to be allowed to participate in the Program, I agree to assume all risks and to release, indemnify, and hold harmless, the CDM Touchdown Club and its volunteers, directors, coaches and/or trainers (collectively the "Released Parties").

I waive, release, and discharge the Released Parties from any and all liability, including, but not limited to, liability arising from the negligence or fault of the Released Parties, **for my child's death, disability, personal injury,** or actions of any kind.

I promise not to sue the Released Parties for any liabilities or claims made as a result of my child's participation in this activity or event, whether caused by the negligence of the Released Parties or otherwise.

I acknowledge that this activity or event may involve a test of a person's physical and mental limits, and may carry with it the potential **for death and/or** serious injury. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of others, and lack of hydration.

I hereby consent and authorize the Released Parties to request emergency medical care and/or emergency dental care, for my minor child _____, in accordance with **California Family Code Section 6910**, from June 1, 2011 to June 1, 2012.

This Agreement is entered into under the laws of the State of California but may be applicable to the laws of other States within the United States of America. If any provision or provisions of this Agreement shall be held to be invalid, illegal, unenforceable or in conflict with the law of any jurisdiction, the validity, legality and enforceability of the remaining provisions shall not, in any way, be affected or impaired thereby

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL

DATED: _____

PARENT/GUARDIAN'S SIGNATURE _____

PRINT NAME _____

PLEASE ATTACH A COPY (**FRONT AND BACK**) OF YOUR MEDICAL INSURANCE CARD