

Agency: _____



PARENT CONSENT AND MEDICAL TREATMENT AUTHORIZATION

The undersigned Parent and/or Guardian of _____, a minor, do hereby request participation in the LA84 Foundation of Los Angeles' **2018 LA84 FOUNDATION Summer Splash Program: Diving, Swimming, Synchronized Swim and Water Polo.** In consideration of such participation, Parent and/or Guardian on his own behalf and on behalf of the participant hereby releases, discharges and indemnifies the LA84 Foundation and Santa Clarita Aquatic Center their directors, officers, all program sponsors, consultants and volunteers and the successors, assigns, officers, employees and trustees of the aforementioned entities from all liability for injury to the participant or damage to property of participant.

The undersigned Parent and/or Guardian of participant, do hereby authorize the LA84 Foundation and Santa Clarita Aquatic Center as agents for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act of the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise or his/her best judgment many deem advisable.

The authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

The undersigned Parent and/or Guardian hereby authorize any hospital, which has provided treatment to the above named minor pursuant to the provisions of Section 25.8 of the Civil Code of California to render physical custody of such minor to abovementioned agent upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

The undersigned Parent and/or Guardian hereby hold the aforesaid agent harmless from any liability for acts or omissions by agent taken pursuant to this Authorization. **The undersigned Parent and/or Guardian hereby accepts full responsibility for all costs, medical and otherwise, incurred on behalf of the minor pursuant to this authorization. I hereby grant my permission to all of the foregoing to use any photographs, motion pictures, videos or sound recording, or any other record of this event for any legitimate purpose.**

These authorizations shall remain effective until August 26, 2018, unless sooner revoked in writing delivered to said agent.

Print Name Date

Parent /Legal Guardian Date