Athlete Information & Medical Release Waiver Form

This form MUST be completed before participation in any South Coast Freestyle activity for the 2022/2023 season.

Athlete Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Father Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address for Parent Communication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Conditions or Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY PROCEDURES:** For minor injuries, SCF will contact parent/guardian listed above to inform them and follow their instructions. In the rare case of serious medical manners, SCF will call 911 for immediate emergency care in addition to parents/guardians.

**EMERGENCY TREATMENT PRE-AUTHORIZATION:** I authorize South Coast Freestyle and its representatives to consent to medical treatment for my child when I cannot be reached to so consent. I also give SCF permission to administer the necessary emergency care to my child to stabilize and/or improve the current injury or condition that my child may have sustained during activities related to SCF instruction, practice, or performances. As the parent/guardian of the above-named participant, I hereby give consent to South Coast Freestyle or emergency medical care prescribed by a duly licensed Doctor of Medicine or dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

**SAFETY PROCEDURES/LIABILITY RELEASE:** SCF strives to provide the maximum in safety procedures, guidelines, and enforcement, and therefore assumes no responsibility for any accidents or injuries that may occur. I am fully aware that any activity involving motion, height, athletic activity, plyometric/cardio activity, and/or tumbling activities creates the possibility of severe injury, and I further agree to hold South Coast Freestyle and its staff or contractors harmless for any injury or resulting expenses. I release and discharge all rights and claims against South Coast Freestyle and its parties.

**ASSUMPTION OF RISK:** I, the parent of the participant, a minor, certify by agreeing to these terms that the above information is correct and grant permission for the participate to participate at South Coast Freestyle. I also agree that I and the participant have read and agree to abide by the rules and regulations as listed in the program handbook for South Coast Freestyle. I am aware of and understand that there may be risks inherent with participation in this activity and am doing so as a voluntary participant. In considerations of my participation or participation of the minor I do hereby agree to the fullest extent of the law, to indemnify, discharge and hold harmless, as evidenced by my signature below, South Coast Freestyle and it’s staff, contractors and volunteers, as well as its affiliated organizations, sponsors, their employees and associated personnel, including the owners of facilities utilized for the programs, from liability for injury, death or loss suffered by me or the minor in any and all present and future claims, liabilities, damages or right of action directly or indirectly resulting out of participation in the activity. South Coast Freestyle does not provide accident insurance to participants in programs, and I assume full responsibility for any and all damages, which may occur to me or my child while participating.

MEDIA RELEASE: I do hereby consent and agree that South Coast Freestyle, its staff, or agents have the right to take photographs, videotape, or digital recordings of me and/or my child and to use these in any and all media, now or hereafter known, and exclusively for the purposed of advertisement and social media. I further consent that my name and identity may be revealed therein or by descriptive text or commentary. I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback. I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

South Coast Freestyle Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_