



SHORELINE DOLPHIN ATHLETICS
ATHLETIC PARTICIPATION MEDICAL RELEASE

Student ID# _____

With the signature(s) below, permission is hereby granted for (print name) _____ to participate in all practice sessions, games, and other activities involving the Shoreline Community College Athletic Department during the current year athletic calendar. This permission extends to any travel to and from any and all practice sessions, games and other activities sponsored and arranged by the Shoreline Community College Athletic Department. This permission is granted without reservation. Recognizing the risks presented by competitive contact sports. The signature(s) below indicate a knowing, voluntary release of any claim, which might be asserted against Shoreline community College, it's representatives, administrative assistants, coaches, assistant coaches, managers, sponsors, chaperones, designated drivers, volunteers, and other agents representing Shoreline Community College.

By waiving any rights to assert a claim, I am agreeing to release absolve, indemnify, and hold harmless any and all parties previously mentioned for any and all liability arising from any injuries incurred by participating in Shoreline Community College Athletic Department events.

My waiver expressly means that I, the participant, or the participant's legal parent or legal guardian, accept and assume all risks and hazards inherent in and related to the activities of the Shoreline Community College Athletic Department, including any travel to and from any activities sponsored and arranged by the department or sport. This permission also includes my authorization for emergency medical treatment deemed appropriate and necessary by any coach, assistant coach or representative or agent thereof for participant, including transportation to the nearest medical facility adequate to treat the emergency.

Mother's Name: _____ Home Phone: _____ Work Phone: _____

Father's Name: _____ Home Phone: _____ Work Phone: _____

I have read the authorization to participate, the medical release and waiver, and acknowledge that I understand it and agree to be bound by it.

Print Participant's Name

Sport

Participant's Signature

Date

If under the age of 18, signature of parent/legal guardian

Date