

PARTICIPANT'S REGISTRATION, MEDICAL & LIABILITY RELEASE FORM

This form must be filled out completely and signed by parent/legal guardian if participant is under 18 years old

Participant's Name _____ Gender: Male Female
first last

Current School _____ Date of Birth: ____/____/____
name of school month day year

Telephone Number (____) _____ E-mail Address _____

By completing and signing this form, we (participant and parent/guardian) request participation in the **California Academic Decathlon (CAD)** to be held during the 2016-2017 school year. Furthermore, we agree to follow the rules of competition and accept the interpretations and decisions made by the Academic Decathlon coordinators and staff.

Voluntary Release - Assumption of Risk and Indemnity Agreement: In consideration of the acceptance of the participant's involvement (*printed above*) in CAD, we hereby release, discharge, and covenant not to sue CAD, participating and sponsoring County Office of Educations, or any other sponsoring and supporting agencies and its agents, representatives, officers, their representatives, successors, and assignees, directors, staff, workers, participating volunteers, and all other hosts (herein collectively referred to as "releasees") from all claims and liability arising out of strict liability or ordinary negligence or hold harmless and cover releasee for all claim judgment(s) or expense(s) that may incur arising out of my child's participation in this event/program. We understand that participation in this event contains certain risks of injuries; that there will be activities held indoors and outdoors and that there is inherent risk in doing so which we voluntarily assume, because we choose to do so. We further know that other decathletes may pose a risk as there may be physical activities. We voluntarily elect to accept all risks connected with participation in this program.

Furthermore, we hereby give permission and indicate consent to the release of educational information about or relative to the participation in CAD activities. Such information shall include but not be limited to the release of the participant's name, test results, photographs, the reproduction of sound, motion picture, or videotape recordings, to be used in connection with various television programs or subsequent video, photographic, websites, multimedia, various social media venues, or audio presentations. We further grant permission to be shown on closed circuit TV systems, shared with other classes and schools, shared at community and professional meetings, aired by local cable stations, entered into educational or media contests, posted on websites and used for other purposes deemed appropriate by releases. We understand and agree that all media will become the exclusive property of CAD and there will be no compensation or remuneration for participation in this event. Consent is likewise given to the use of such information by any institute of higher learning, recognized educational study groups or other educational institutions for the purposes of study, comparison, and furtherance of knowledge in the fields of education or human behavior. CAD, its releasees and its media consultants shall have the right to reproduce, use, display, and disseminate in such manner as they see fit, without obligation of any kind to any person.

Medical Consent: We, the undersigned, hereby give consent to have the above signed treated by a physician or surgeon in case of sudden illness or injury while participating in the Academic Decathlon; including, authorization and consent for any x-ray examination, medical anesthetic, or surgical diagnosis rendered under the general or special supervision of any member of the medical/dental staff and emergency room staff licensed under the provisions of the Medical Practice Act or Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It's 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 poser to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It's understood that efforts shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil code of the State of California. The signing of this release only gives the organizers of this program and agents thereof, the right to consent for treatment of minors. It does not release signee of liability from medical cost arising from said treatment. The releasees do not assume liability of said cost and is not liable for any complications arising from said treatment. It is understood that the releasees provide no medical insurance for such treatment. If a personal physician is listed, every effort will be made to contact such physician. However, the location of the event or the nature of the illness or injury may require the use of emergency medical personnel.

We understand that the team coach is the official chaperone and that (s)he has full responsibility to make medical or other necessary decisions and that I and my parent(s) will be held responsible for any damages resulting from my behavior. I also authorize that my transcript and any other pertinent materials may be sent to the CAD for verification of my eligibility to participate in the Decathlon competition.

CHECK the box below and provide a written explanation of all of the participant's medical restrictions [i.e., diabetes, allergies to medications and/or foods, heart problems, asthma, regular medication(s), etc.]. You are responsible to provide copies of all prescription labels which identify medications and dosages on a separate document. It is strongly recommended for the participant to carry a medical card at all times.

The attached document(s) provide an explanation of all of the participant's medical restrictions. I have copied all prescription labels which identify medications and dosages.

Date of Last Tetanus Toxoid Booster participant received (Participant may still receive a booster if a medical emergency warrants it): _____

Health Insurance Carrier & Phone: _____ (____) _____

Medical Group (if available) & Policy Number: _____

Policy Holder's Name: _____ Relation To Participant: Father Mother Other _____

Family Physician & Phone: _____ (____) _____

I have read and will abide by the guidance, rules, and regulations of this document and understand it is a release of all claims; assume all risk inherent in participation; and voluntarily sign below evidencing acceptance of the above provisions. This agreement shall apply to any accident occurring during the event and to any accident occurring within a period of two (2) years after the execution of this agreement.

 Parent's/Guardian's Signature Date

 Print Parent's/Guardian's Name from above Affiliation to Participant