

**THIS WAIVER IS ONLY
GOOD FOR ONE WEEK
OF SUMMER SPORTS CAMP!!!**

Name: _____

Sport: _____

Date: _____



**VISTA MURRIETA HIGH SCHOOL
Athletic Department**

Summer Camps

Temporary Waiver and Assumption of Risk of Potential Injury

CIF regulations require all student athletes to have an annual physical exam administered by medical practitioner. This is to advise that your child must have this physical completed immediately in order to continue participation in summer camp.

In the interim, your child may participate in the VMHS summer camps for **no more than one week** provided you attest and agree to the following:

1. My child has been seen by a medical practitioner within the past year and I am aware of no medical conditions that should limit her/her participation in physically demanding athletic activities.
2. I understand that there are risks inherent to participation in athletic activities, which may include severe injury or death, and I acknowledge and assume this risk in allowing my child to participate in same.
3. I will provide documentation of a current physical exam showing medical clearance for my child to participate in athletic activities within one week.

By my signature below, I state that I understand, agree with and attest to the above listed items. In addition, in the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

As stated in California Education Code Section 35330, I agree to hold Murrieta Valley Unified School District, its officers, agents and employees harmless from any and all liability or claims which may arise out of or in connection with my child's participation in this activity.

Student Name: _____ Grade: _____

Parent/Guardian Name: _____ Phone: _____

Address: _____

_____ Student's Birth Date: _____

Medical Insurance Carrier: _____ Ins. Subscriber's ID#: _____

Emergency Contact: _____ Phone: _____

Parent/Guardian Signature: _____