

Lopatcong Athletic Association

Medical Treatment Authorization and Liability Release

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter,

_____, to participate in the activity of _____
for the Lopatcong Athletic Association. In order that my son/daughter may receive the necessary medical treatment in the event he/she may sustain injury or illness during participation in this activity, I hereby authorize the coaches or other supervising adult to obtain medical treatment for my son/daughter for such injury or illness during the activity. I hereby hold the Lopatcong Athletic Association, its representatives, and/or agents harmless in the exercise of authority.

I understand that this activity involves risk to the participant. I further acknowledge and understand that due to the nature of this activity, there is a possibility that my son/daughter may sustain physical illness or injury (minimal, serious, or catastrophic), in connection with his/her participation. I further acknowledge and understand that my son/daughter is assuming the risk of such physical illness or injury by his or her participation. I further release Lopatcong Athletic Association and its representatives from any claims for personal illness or injury that my son/daughter may sustain during participation in this activity.

I further understand that the Lopatcong Athletic Association has established rules and regulations pertaining to conduct, behavior, and activities for all participants, by which my son/daughter must abide during participation in this activity and that my son/daughter and I will be responsible for his/her failure to abide during participation in this activity, and that my son/daughter and I will be responsible for his/her failure to abide by those rules and regulations.

My son/daughter and I have read and understood the above medical treatment authorization and liability release and hereby agree to abide by same.

Parent/Guardian

Date

Child/Participant

Date