



Participant
Release Form
2022-2023

Cypress St

Gomez Center

EVENT: _____

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____

Date of Birth: ___/___/___ Age: _____

School: _____ Grade: _____ Teacher: _____

Father's Name: _____

Email: _____ Phone: _____

Mother's Name: _____

Email: _____ Phone: _____

Emergency Contact Name: _____ Relation: _____

Emergency Contact Number: _____

Medical Insurance Carrier: _____ **Policy Number:** _____

Allergy/Medical Information: _____

Permission for over-the-counter Medication: Yes___ No___

Consent/Release Form

I give my consent for my child when attending and participating in activities involved in any events from July 1st, 2022- June 30th, 2023 that are sponsored by LOT318. I understand and agree that neither LOT318, not its trustees, Board Members, representatives, employees, or agents may be held liable in any way for an occurrence in connection with involvement in the small group activities, which may result in injury, harm, or other damages to my child. In the event of a medical or dental emergency, I authorize a representative of LOT318, pursuant to the provisions of California Family Code 6910, to consent to medical or dental care or both for my child. I give my permission to the attending physician to hospitalize, secure proper treatment, and to order injections, anesthesia or surgery for my child. I understand that all billings for services rendered will be sent to me, the parent or legal guardian, and that I am responsible for the complete payment. I understand that insurance coverage is the responsibility of each family, and that LOT318 coverage begins where our personal health and accident policies terminate. Regarding transportation, I am aware that my child may be transported to and from an event in a LOT318 vehicle or private vehicle. I also give permission for my child to be photographed and video recorded for future promotional material, including LOT318 website and social media postings, without expectation of compensation. In addition, I also understand that in the event of repeated misconduct, the LOT318 staff is authorized to ask for my child's removal at my own expense. I understand that a photocopy, facsimile, or computer version of this document shall be treated as the original.

I have read and agree to the conditions of the Consent/Release Form above, on behalf of myself & my child:

Parent or Legal Guardian Signature: _____ Date: _____