



**SAN RAMON VALLEY UNIFIED SCHOOL DISTRICT**  
699 Old Orchard Drive,  
Danville, California 94526

**PARENT/STUDENT CONSENT AND WAIVER OF LIABILITY**

**CAMPER'S NAME:** \_\_\_\_\_  
**SCHOOL:** Dougherty Valley High School  
**GRADE:** \_\_\_\_\_  
**AGE:** \_\_\_\_\_

**NAME OF CAMP:** DVHS Cheer Clinic

I hereby give my consent for the above named student to compete and participate in the San Ramon Valley Unified School District approved activity program referenced above and to travel with the school representative on authorized school trips, if applicable. I, the undersigned, hereby release and discharge the San Ramon Valley Unified School District, officers, employers, agents, servants and volunteers (herein collectively referred to as 'District') from all liability arising out of or in connection with the above described activity or all liabilities associated with any and all claims related to such activity that may be filed on behalf of or for the above named minor. For the purposes of this agreement, liability means all claims, demands, losses, causes of action, suits or judgments of any and every kind that occurs during the above described activity and that results from any cause including the active or passive conduct and/or negligence of the District. I also acknowledge on my behalf and on the behalf of the above named minor that there are risks that are inherent in the above-described activity, including the risk of serious injury that may occur through the conduct of other participants, coaches, District, including conduct that may not be part of the ordinary risks of the activity itself. For example, injury may occur through conduct that is not authorized by the rules and regulations of the activity. This release and waiver as set forth in the above paragraph shall also apply to this type of conduct and any resulting injury.

**I have carefully read this waiver and release of liability and fully understand its terms and conditions. I understand that by signing this document that I have given up substantial rights for the named minor and myself.**

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Participants Signature Date

**EMERGENCY TREATMENT INFORMATION & AUTHORIZATION**

**CAMPER'S NAME:** \_\_\_\_\_

**GRADE:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_\_

**SPORT/ACTIVITY:** DVHS Cheer Clinic

Any history of allergies to drugs or foods, previous injuries, special medications and other medical history:

\_\_\_\_\_

Camper's Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Emergency Treatment Consent: I (We), the undersigned parent, parents, or legal guardian of \_\_\_\_\_, a minor, do hereby authorize and consent to any X-Ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a dentist licensed under the 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 is 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 power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort 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 California.

List any restrictions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_