

Important: Each participant must sign the "Release and Waiver Liability" before participating at the intended event. Read this waiver very carefully before you sign. Waiver is applicable 1 year from date of signature.

Waiver of Liability for Minors (Under the age of 18)

This release and Waiver of Liability (the "Release") executed on this _____ day of _____, 20__, by the minor and his/her legal guardian _____ in favor of SIERRA COMMUNITY MEDICAL FOUNDATION, a nonprofit corporation organized and existing under the laws of the State of California, USA.

The Minor _____, desires to participate in Undefeated: A Youth Sports Clinic and engage in the activities related to participating. I, the legal guardian _____, hereby freely and voluntarily, without duress, execute this Release under the following terms:

1. **Waiver and Release.** The guardian and minor release and forever discharges and hold harmless Sierra Community Medical Foundation and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the minor's participation at Undefeated: A youth Sports Clinic. The guardian/participant understands and acknowledges that this Release discharges Sierra Community Medical Foundation from any liability or claim that guardian and minor may have against Sierra Community Medical Foundation with respect of bodily injury, personal injury, illness, death, or property damage that may result from participation. It is also understood that Sierra Community Medical Foundation does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury, illness, death or property damage
2. **Insurance.** The guardian and minor understands that we expressly waive any such claim for compensation or liability on the part of Sierra Community Medical Foundation beyond what may be offered freely by the representative of Sierra Community Medical Foundation in the event of such injury or medical expense.
3. **Medical Treatment.** The guardian and minor hereby release and forever discharge Sierra Community Medical Foundation from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during the minors time with Sierra Community Medical Foundation.
4. **Assumption of Risk.** The guardian understands that the minors time with Sierra Community Medical Foundation, may include physical activities that may be hazardous to them including, but not limited to, running, handling sports equipment, and other general exercises. The guardian understands the physical condition, experience and capabilities of his/her minor child, and the guardian understands the nature of youth sports clinic activities in which his/her child will participate. The guardian believes his/her child is qualified, in good health, and in proper physical condition to participate in such activities. As the guardian for the said minor I hereby expressly assume the risk of injury or harm in these activities and release habitat from all liability for injury, illness, death or property damage resulting from the activities of the minors time at Habitat.
5. **Photographic Release.** As the guardian of said minor I grant and convey unto Sierra Community Medical Foundation all right, title, and interest in all photographic images and video or audio recordings made by Sierra Community Medical Foundation staff or partners during the minor's participation in Undefeated: A Youth Spots Clinic.

6. **Other.** As the volunteer I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of California in the United States of America, and that this Release shall be governed by and interpreted in accordance with the laws of the State of California. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall no otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

To express my understanding of this Release, I sign here.

Name of Legal Guardian_____

Name of dependent/minor_____

Signature of Legal Guardian_____

Signature of Minor_____

Address/Phone number of Legal Guardian_____

Organization_____

Date_____

Emergency Contact Name_____

Phone number_____

Additional Information:

At this event, Undefeated: A Youth Sports Clinic, there will be multiple presentations and activities centered on the themes of drug safety and healthy activities. We understand that drug safety by nature is a sensitive subject for some families. It is important to note that Sierra Community Medical Foundation is focused on important issues in our community like opioid safety, drug possession and usage, medication abuse associated with chronic pain, and healthy pain management. All presentations and activities are designed for teenagers and their families, and all of our speakers have experience educating minors.

I HAVE READ THE ABOVE "ADDITIONAL INFORMATION" AND UNDERSTAND THE NATURE OF THIS EVENT MAY BE SENSITIVE IN NATURE

Name of Legal Guardian_____

Signature of Legal Guardian_____

Date_____