



PLEASE USE INK, NO PENCILS

City of Oxnard Recreation & Community Services
Minor Release Form and Consent to Treatment

CHILD'S NAME: (First) (Last) AGE: D.O.B.

NAME OF PARENT/GUARDIAN:

ADDRESS:

HOME PHONE: () BUSINESS PHONE: ()

E-MAIL: ACTIVITY: CSUCI February 21 9:30-10:30

SCHOOL: Oxnard Public Library TEAM: TEEN Advisory Council

I, the undersigned, hereby give permission for the aboved named minor in my custody to participate in the above described activity ("the activity") and hereby waive, release and discharge any and all claims or rights to claims for damages for death, personal injury or property damage, which I may have or hereafter accrue to me, as a result of said minor's participation in said activity.

I further understand that serious accidents occasionally during the said activity, and that participants in such activity occasionally sustain mortal or serious personal injuries and/or property damage as a result thereof. Knowing the risks of said activity, nevertheless, on behalf of said minor child, I hereby agree to assume those risks and to release and hold harmless all of the persons pr entities mentioned above who, through negligence or carelessness might, otherwise be liable to me, or my heirs or assigns for damages.

It is further understood and agreed that this waiver, release and assumption of risk to be binding on my heirs and assignees. I also agree that photographs, pictures, slides, movies, & videos of the minor may be taken in connection with the minor's participation in this activity or event without compensation from the City of Oxnard, California, permittee/sponsor and consent to the use of these photographs, pictures, slides, movies, & videos for any legal purpose.

I agree to accept and abide by the rules and regulations of the City of Oxnard Recreation and Community Services Department.

DATE

SIGNATURE OF PARENT OR GUARDIAN

CONSENT TO TREATMENT OF MINOR

In the event of sudden illness, accident or injury which may occur while said minor is engaged in activity supervised by the City of Oxnard Recreation and Community Services Department and their representatives, agents or assignees, when in neither the parents, guardian or designated family physician can be contacted, I hereby give my consent pursuant to California Civil Code Number 25.8 for emergency treatment as shall be necessary under the circumstances by any physician licensed under the laws of the State of California.

DATE

SIGNATURE OF PARENT OR GUARDIAN

Family Physician:

Telephone:

Insurance Co.: Type of Coverage:

Pertinent Medical History Information (EPILEPSY, DIABETES, ALLERGIES, ETC.):

EMERGENCY CONTACT: NAME: PHONE:

(OTHER THAN PARENTS) NAME: PHONE: