



**ADULT
ACTIVITY RELEASE
AND MEDICAL FORM**

NAME: _____

TEAM NAME: _____

Activity: **Hunter's Legacy Basketball Tournament – This fundraiser will support the families in our community who are battling childhood cancer.**

Date and Time of Event: **Friday, February 28, 2020, 6 p.m.**

Fee Required: **\$10.00**

Fee and this Completed Form are due to **DANI VARELA, ATTENDANCE OFFICE at Elizabeth High School by Thursday, February 27, 2020. (Or adults may bring to the tournament)**

MEDICAL INFORMATION

I recognize and acknowledge that there are certain risks of physical injury to participants in this activity, and I voluntarily agree to assume the full risk of any injuries, damages, or loss, regardless of the activity, that I may sustain as a result of participating in any and all activities connected with or associated with this activity. I further agree to waive and relinquish all claims my minor child/ward or I may have (or accrue to me or my child/ward) as a result of participating in this activity against the Elizabeth High School, Elizabeth School District, including its officials, volunteers, employees, and sponsors.

I hereby give my consent for medical/dental treatment and/or transportation to a hospital as deemed necessary by the school representative and/or the attending medical personnel for any illness or injury acquired while on this school activity. I understand that this authorization will only be enforced if I cannot be contacted personally.

PRINT Name

Signature

Date