



Calabasas High School Saturday, May 12, 2018

Waiver for Minor

I, the undersigned, hereby release and discharge the Las Virgenes Unified School District, officers, employees, agents, servants, and volunteers as well as the volunteers representing the E.F. Wallengren Memorial Fund from all liability arising out of or in connection with the Ernie Wallengren Hoopfest. For the purposes of this agreement, liability means all claims, demands, losses, causes of action, suits or judgments of any and every kind that I may have against the District, the E.F. Wallengren Memorial Fund, and the Ernie Wallengren Hoopfest as a result of any cause other than negligence, recklessness, or willful actions that occur during the Ernie Wallengren Hoopfest.

Consent for Emergency Treatment

I hereby give permission to a physician to administer emergency treatment. In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety. It is understood the resulting expenses will be my responsibility.

Date: _____

Printed Name of Child: _____

Signature of Child: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

*E.F. Wallengren Fund for ALS Research Fed Tax ID # 95-4163338
P.O. Box 565, Agoura Hills, CA 91376 818-865-8067 ext. 240*