

Desert Arc Sports & Recreation Program

Athlete Release Form

Release to be completed by Adult Athlete

I, _____ (athlete's name) am at least 18 years old and have submitted the attached Athlete Participation and Physical Exam Forms for participation in the Desert Arc Sports & Recreation Program.

I represent and warrant that, to the best of my knowledge and belief, I am physically and mentally able to participate in Desert Arc Sports & Recreation Program activities. I also represent that a licensed physician has reviewed the health information contained in my application and has certified, based on an independent medical examination, that there is no medical evidence which would preclude me from participating in the Desert Arc Sports & Recreation Program.

I understand that if I have Down Syndrome, I cannot participate in sports or events which, by their nature, result in hyper-extension, radical flexion or direct pressure on my neck or upper spine unless I have had a full radiological examination which establishes the absence of Atlanto-axial Instability, especially before I can participate in the pentathlon, butterfly stroke in aquatics, diving start in aquatics, high jump, gymnastics and soccer (football).

The Desert Arc Sports & Recreation Program has my permission, both during and any time after, to use my likeness, name, voice, or words in either television, radio, film, newspapers, magazines, and other media, and in any form for the purpose of advertising or communicating the purposes and activities of the Desert Arc Sports & Recreation Program and/or applying for funds to support these purposes and activities.

By submitting this form I am releasing Desert Arc and all employees and associates from responsibility of any injury or damages that might occur. I hereby authorize Desert Arc staff and volunteers to act for me according to their judgement in any emergency requiring medical attention, and I hereby waive and release Desert Arc and its employees and volunteers from any and all liability stemming from any injuries or illnesses incurred while participating in the Desert Arc Sports & Recreation Program, with the exception of injuries or illnesses caused by the sole negligence or willful misconduct of Desert Arc or its employees. Unless otherwise noted above I have no knowledge of any physical impairment which would be affected by participation in the Desert Arc Sports & Recreation Program.

I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the participant's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed. Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations.

I, the athlete named above, have read this paper and fully understand the provisions of the release that I am signing.

I understand that by signing this paper, I am saying that I agree to the provisions of this release.

Signature of Adult Athlete _____ Date _____

I hereby certify that I have reviewed the release with the athlete whose signature appears above. I am satisfied based on that review, that the athlete understands this release and has agreed to its terms.

Name (Print): _____

Relationship to Athlete (Parent or Legal Guardian): _____

Desert Arc Sports & Recreation Program

Athlete Release Form

Release to be completed by Parent or Guardian of Minor Athlete

I am the parent/guardian of, _____ (the minor athlete), on whose behalf I have submitted the attached Athlete Participation and Physical Exam Forms for participation in the Desert Arc Sports & Recreation Program.

I hereby represent that the athlete has my permission to participate in the Desert Arc Sports & Recreation Program.

I further represent and warrant that to the best of my knowledge and belief, the athlete is physically and mentally able to participate in the Desert Arc Sports & Recreation Program.

With my approval, a licensed physician has reviewed the health information set forth in the athlete's application, and has certified based on an independent medical examination that there is no medical evidence which would preclude the athlete's participation.

I understand that if the athlete has Down Syndrome, he/she cannot participate in sports or events which, by their nature, result in hyper-extension, radical flexion or direct pressure on the neck or upper spine, unless the athlete has had a full radiological examination which establishes the absence of Atlanto-axial Instability. I am aware that the athlete must have the radiological examination before he/she can participate in the pentathlon, butterfly stroke in aquatics, diving starts in aquatics, high jump, gymnastics and soccer (football).

In permitting that athlete to participate, I am specifically granting my permission, both during and any time after, to the Desert Arc Sports & Recreation Program to use the athlete's likeness, name, voice, and words in television, radio, film, newspapers, magazines and other media, and in any form, for the purposes and activities of the Desert Arc Sports & Recreation Program and/or applying for funds to support those purposes and other activities.

By submitting this form I am releasing Desert Arc and all employees and associates from responsibility of any injury or damages that might occur. I hereby authorize Desert Arc staff and volunteers to act for me according to their judgement in any emergency requiring medical attention, and I hereby waive and release Desert Arc and its employees and volunteers from any and all liability stemming from any injuries or illnesses incurred while participating in the Desert Arc Sports & Recreation Program, with the exception of injuries or illnesses caused by the sole negligence or willful misconduct of Desert Arc or its employees. Unless otherwise noted above I have no knowledge of any physical impairment which would be affected by participation in the Desert Arc Sports & Recreation Program.

I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the participant's life, physical

disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed. Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations.

I am the parent/guardian of the athlete named in this application. I have read and fully understand the provisions of the above release, and have explained these provisions to the athlete. Through my signature on this release form, I am agreeing to the above provisions on my own behalf and on the behalf of the athlete named above.

I hereby give my permission for the athlete named above to participate in the Desert Arc Sports & Recreation Program games, recreation programs, and physical activity programs.

Signature of Parent/Guardian _____ Date _____