



Permission/Liability Release Form

I am the parent or legal guardian of _____ and give my permission for him/her to participate in the Pueblo of Laguna **2024 Jr. Golf Program**. I understand that my child/ward may need appropriate clothing, supplies, or may need to pay a fee. In full understanding of the conditions for allowing my child to participate in the planned program, I hereby consent and agree to the following:

Consent to Medical Treatment

In the event that my child/ward should require any medical or surgical treatment and/or medication during the course of his/her attendance or participation in the **2024 Jr. Golf Program**, I authorize such physicians or medical staff appointed or designated by the organizers of the activity to carry out the necessary treatment or transport my child/ward to the emergency room of the nearest hospital. I further authorize the hospital and its medical staff to provide treatments deemed necessary by them for the well being of my child/ward. It is understood that if hospitalization for treatment of a serious nature is required, I will be contacted by telephone for permission. _____ Initial

Media

I hereby grant permission for the employees of the Pueblo of Laguna **Sports & Wellness/Diabetes Program** to record my child's/ward's likeness for use by television, film, radio or printed media to further the aims of those activities and programs in related campaigns, magazine articles, booklets, posters, and in any other ways they may see fit. I hereby release them from any and all claims in its usage. _____ Initial

Liability

I have taken such measures that I have deemed advisable to ascertain that my child's/ward's physical condition is suitable for the program (including a doctor's physical, if appropriate). Neither I nor my child/ward will seek to hold the Pueblo of Laguna and the **Sports & Wellness/Diabetes Program** nor the above entities (including directors, employees, and volunteers associated with the Sports & Wellness/diabetes program) from any and all claims, demands, lawsuits, expenses, or charges which may hereafter accrue or result from participation in the Sports & Wellness/diabetes program. _____ Initial

Health Screening

I hereby give consent to the Pueblo of Laguna **Sports & Wellness/Diabetes Program** staff to provide a health screening for my child/ward. Screening will include height, weight, blood pressure and blood sugar. All data will be used to determine appropriate programming for your child/ward and to aid in identifying health risks. All information will be kept confidential by the Sports & Wellness/diabetes program Staff and will be used only for purposes of this program. _____ Initial.

This signature applies to all of the above:

Parent/Guardian Signature

Print Name

Relationship

Date