

EMERGENCY MEDICAL / LIABILITY RELEASE

**Part I – To Grant Consent:**

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by:

\_\_\_\_\_, (physician) or \_\_\_\_\_, (dentist).

In the event the designated preferred physician is not available, I further consent to the

transfer of my child to: \_\_\_\_\_ (hospital), or any reasonably accessible hospital.

**Part II – Liability Release:**

I, the undersigned, individually and as a parent/guardian of: \_\_\_\_\_, a minor, ask that he/she be admitted participate in the Wee Eagle Volleyball Program. In consideration of such admission, I do hereby agree to release, discharge, and hold harmless Wee Eagles, its officers, agents and employees of and from all causes, liabilities, damages, claims or demands whatsoever on account of an injury or accident involving said minor arising out of the minor's attendance and participation at the Wee Eagles Volleyball Program, or in the course of competition and/or activities held in connection with the Wee Eagles Volleyball Program.

Parent/Guardian Signature \_\_\_\_\_