



**SAN MATEO COUNTY SHERIFF'S OFFICE
SHERIFF'S ACTIVITIES LEAGUE
2015-2016**

Program: _____

This program is part of the Sheriff's Activities League, which provides youth with activities in the San Mateo County Sheriff's Office patrol areas.

For more information on SAL programs, please call 650-257-3404.

LAST _____ FIRST _____ DOB: _____ GENDER: Male Female

ADDRESS _____ APT# _____ CITY _____ ZIP _____ PHONE _____

SCHOOL _____ GRADE _____ PARENT/GUARDIAN NAME(S) _____

PARENT EMAIL ADDRESS _____

WOULD YOU LIKE TO RECEIVE THE S.A.L. NEWSLETTER? Y/ N WOULD YOU LIKE TO RECEIVE INFORMATION ON VOLUNTEERING WITH S.A.L.? Y / N

IN CASE OF EMERGENCY IF PARENT/GUARDIAN IS NOT AVAILABLE, CONTACT:

NAME _____ RELATIONSHIP _____ PHONE _____

DOCTOR _____ PHONE _____ DENTIST _____ PHONE _____

INSURANCE CARRIER _____ GROUP # _____ PATIENT# _____

I, parent or legal guardian of _____, (hereafter "Participant") would like to participate in Sheriff Activities League ("SAL") sponsored sports, programs or activities (collectively, "SAL Activities"). Said SAL Activities may include, but are not necessarily limited to the sports of soccer, street hockey, basketball, and program activities involving visual arts, music or the performing arts. I acknowledge that participation SAL Activities necessarily involves travel, play in adverse conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. I WILLINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS. I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation and, if Participant or I observe any concern in Participant's readiness for participation in the SAL Activities, I will remove him/her from participation and bring such concern to the attention of the nearest SAL personnel immediately. I warrant and acknowledge that I am the parent or legal guardian of the Participant and that I am authorized on behalf of myself, Participant and our heirs, assigns and next of kin, to hereby enter into the following agreements IN CONSIDERATION OF Participant's being able to participate in any way in SAL Activities. I HEREBY RELEASE, DISCHARGE AND AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS, to the fullest extent permitted by law, the County of San Mateo, SAL, other SAL Participants, SAL volunteers, SAL sponsors and any and all owners, lessors, lessees or other persons or entities allowing, permitting or authorizing the use of facilities by SAL and the agents, representatives, employees, officers and directors of said persons or entities ("RELEASEES") from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to an injury or other damage that may result to said Participant or to members of my family or my household or individuals I invite or for whom I am otherwise responsible while participating in or present at any SAL Activities, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I further acknowledge that SAL is administered, in part, by volunteers rather than paid professionals. I further acknowledge and accept that this Disclaimer, Assumption of Risk and Waiver is intended to be as broad and inclusive as permitted by the laws of California and agree that if any portion of this Disclaimer, Assumption of Risk and Waiver is deemed to be invalid, the remainder will continue in full legal force and effect. **ACKNOWLEDGEMENT AND CONSENT:** I understand that the Participant or any member of the Participant's family may be removed from the program at any time with or without cause, including due to poor academic standing or behavioral problems before, during or after school as determined SAL. I further agree that the Participant has not been convicted of any crime as a minor nor does the Participant have any known condition that might pose undue risk to other participants.

Further, I understand that SAL Activities Participants may be captured in various forms of media during their participation in SAL Activities. I hereby irrevocably consent to the unrestricted use of that media, including film, video, or still photographic material by SAL, its agents, successors, and assigns, of my name, voice, signature, photograph, or likeness, in any manner, on or in connection with publicity, advertising, solicitation, or sale of products, merchandise, goods, or services without compensation to me. I further hereby irrevocably consent to the unrestricted use of my biographical letter, name or signature by SAL, its agents, successors, and assigns, in any manner, on or in connection with publicity, advertising, solicitation, or sale of products, merchandise, goods, or services without compensation to me. I hereby waive any right to inspect or approve the finished film, video, photograph, advertising copy, or printed matter that may be used in conjunction therewith, or the eventual use to which it may be applied. In connection with the foregoing, I hereby release and hold harmless SAL, its agents, successors, and assigns from all liability.

EMERGENCY AUTHORIZATION: I, the undersigned parent or legal guardian of the above-named Participant, a minor, hereby authorize each of the SAL Activities employees and volunteers to act as my agents in the capacity of activity supervisors and vehicle drivers, and I authorize each of them to consent to medical, surgical or dental examination and/or treatment, including TO HAVE ANY ATHLETIC TRAINER, COACH, TEAM MANAGER, EMERGENCY MEDICAL TECHNICIAN, NURSE, MEDICAL TREATMENT FACILITY, AND/ OR DOCTOR OF MEDICINE OR DENTISTRY OR ASSOCIATED PERSONNEL (COLLECTIVELY, MEDICAL ASSISTANCE PROVIDERS) PROVIDE THE PLAYER WITH MEDICAL ASSISTANCE AND/ OR TREATMENT AND AGREE TO BE FINANCIALLY RESPONSIBLE FOR THE COST OF SUCH ASSISTANCE AND/ OR TREATMENT. PARENT(S)/ GUARDIAN(S) HEREBY AUTHORIZE EMERGENCY TRANSPORTATION OF THE PLAYER TO A MEDICAL TREATMENT FACILITY SHOULD A MEDICAL ASSISTANCE PROVIDER CONSIDER IT TO BE WARRANTED.

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, AND THE DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND THE ACKNOWLEDGMENT AND CONSENT AGREEMENTS, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I AND PARTICIPANT HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM FOR MYSELF AND ON BEHALF OF PLAYER AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT. THIS AGREEMENT AND ALL OF ITS TERMS SHALL REMAIN IN EFFECT AS LONG AS PARTICIPANT IS PARTICIPATING IN SAL ACTIVITIES UNLESS REVOKED SOONER IN WRITING AND PERSONALLY DELIVERED TO SAL.

S.A.L. reserves the right to suspend or remove any participant due to poor academic standing or behavioral issues before, during or after school as determined by the S.A.L. coordinator.

Signature(s) of Parent/Guardian _____ Date _____