Medical Authorization / Liability Waiver / HB 1824 Compliance Statement

TEAM NAME_____

Medication Authorization – Grant of Consent. I hereby certify that my child is in good health and may participate in all activities. In case of an emergency, I give my permission for my child to be given emergency treatment at any responsible accessible hospital.

Liability Waiver: As the parent (or legal guardian) of the above named minor, I grant permission for the minor to participate in all activities of the sports program. I assume all risk and hazards incidental to such participation, including transportation to and from such activities, and do hereby release and waive all claims against NW LAX Events, Board Members, Staff, Coaches, volunteers, sponsors, agents, or any other participants.

HB 1824 Compliance Statement: I have been provided with information on **concussions in youth sports**. If the player is suspected of a Head injury or Concussion, the player will be removed from play. The player will be kept from play until given permission to return to play by a health care provider.

Player #	Parent/Guardian Name	Parent/Guardian Signature