

**ARNOLD ATHLETIC - 2008 TEAM ROSTER
RELEASE AND WAIVER - POWER OF ATTORNEY FOR CONSENT TO MEDICAL CARE**



Team Name _____ Manager Phone: (____) _____

Manager's Name _____ Address _____ city _____ state _____ zip _____

Release and Waiver:

The undersigned, being the parent or legal guardian of the *Player* named below, as inducement for and in consideration of the agreement by Arnold Athletic Association (AAA) that the *Player* may take part in athletic activities organized and sanctioned by AAA, hereby covenants and agrees that AAA and its directors, officers, employees and agents shall not be liable in any way for any personal injuries, including death, or damage to property that the *Player* may sustain in any manner which results from or arise out of the *Player's* preparation for or participation in such activities. The undersigned hereby fully releases and discharges and covenants' not to sue AAA and its directors, officers, employees, and agents from any and all claims, demands, damages, rights of action or causes of action, present or future, whether known or unknown, anticipated or unanticipated, resulting from or arising out the *Player's* preparation for or participation in such activities. The undersigned acknowledges and assumes full responsibility for, and risk of, such personal injury, including death, and damage to property and for all medical and other expenses incurred as a result of the *Player's* activities. The undersigned agrees that prior to participating, they each will inspect the facilities and equipment to be used, and if they believe anything is unsafe, they will immediately advise their coach or supervisor of such condition(s) and refuse to participate. This Release and Waiver shall be binding on the heirs, executors, administrators and assigns of the undersigned and the *Player*. The undersigned has read and fully understands the Release and Waiver.

POWER OF ATTORNEY FOR CONSENT TO MEDICAL CARE:

The undersigned, being the parent or legal guardian of the *Player* named below, hereby authorizes AAA to consent to any kind of medical care that he or she may deem necessary or appropriate, including, but not limited to treatment for fractures, burns, cuts, abrasions, surgery, blood transfusions, and the administration of drugs. In order to assure that the *Player* receives prompt medical care and treatment when necessary, we hereby release any healthcare provider who provides such services to a child in reliance on this Power of Attorney, from any and all claims, suits, or liabilities arising out of or with respect to said treatment. The Power of Attorney is dated below and shall be valid for one calendar year.

	LAST NAME	FIRST NAME	ADDRESS	CITY	ST	ZIP	PHONE	DATE OF BIRTH	PLAYER SIGNATURE	PARENT SIGNATURE
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*I certify that I was present and did witness the signatures above and that they are valid: Managers Signature _____ Date _____

Roster Approved by: _____ Date _____