TPHS Foundation Parent Consent & Waiver – JV & Varsity $299

As the parents or legal guardian of the child **(Participant) named below**, I hereby give my full consent and approval for my child to participate in the camp, clinic or tournament of the Torrey Pines High School Foundation. I authorize the Torrey Pines High School Foundation to use any photograph or article about my child for publicity purposes. I understand that violation of camp, clinic or tournament rules may result in dismissal from the camp, clinic or tournament with all fees/tuition forfeited. Additionally, I/We have read, understand and agree to the Torrey Pines High School Foundation refund policy.

I/We understand that the Torrey Pines High School Foundation carries the Group Accident Insurance Coverage for medical and hospital expenses, with a given deductible and a specified maximum for each accident incurred. The camp, clinic or tournament is considered as secondary, when there is a valid collectable coverage provided by the parents separate insurance. In executing the foregoing I/We undersigned hereby acknowledge and represent that: (A.) I/We, understand that any claim for medical service which arises out of injury must be reported to the camp insurance administrator, immediately and within THREE (3) DAYS of the date of injury; (B) I/We have read the foregoing release and understand it, and sign it voluntarily. I/We understand that my Registration Fee or other sum paid does not constitute payment for insurance.

In the event of an emergency in which my child requires medical care, I authorize the staff of Torrey Pines High School Foundation's above listed activity to act for me and to obtain for him/her whatever medical treatment the staff, in its best judgment, deems necessary and appropriate. I specifically consent to such treatment, but not limited to, hospitalization and surgery and will be responsible for any medical or other charges in connection with his/her attendance at the camp, clinic or tournament.

Please list any physical or emotional limitation(s) your child may have (allergies, sight, asthma, heart murmur, high blood pressure, etc.):

_____

_____

RELEASE AND WAIVER

I understand that there are certain risks of injury inherent in participating in the camp, clinic or tournament sessions, as well in traveling and other activities incidental to my child's participation in same and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below. I further acknowledge that my child will be participating in activities that may involve, among other things physical contact of the body with other persons or objects including the ground, that at the camp my child may incur a risk of injury. I specifically waive and release Torrey Pines High School Foundation, Torrey Pines High School and San Dieguito Union High School District, their lessors, sponsors, directors and staff from any liability for any claim for damages which I/We or my child may have for injuries or illness that he or she may sustain, whether the result of gross negligence or any other causes.

Waiver of California Civil Code S1542.
In furtherance of the foregoing releases, the parties expressly waive any and all rights and benefits conferred upon them by the provisions of Section 1542 of the California Civil Code, which provides: "A General Release does not exceed to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor." The settling parties each acknowledge that they have discussed with their attorneys the significance and effect of waiving the provisions of Section 1542 of the California Civil Code, an warrant that this waiver is informed, knowing and voluntary.

_____ _____ _____
Print Name of Participant Grade Level Parent Email Address

_____ _____ _____
Mailing Address Zip Home Phone

☐ Yes, my child has current medical coverage. _____
Medical Insurance Provider for Participant

_____ _____
Emergency Contact Name Relationship to Participant Emergency Contact Phone

_____ _____ _____
Parent/Guardian Signature for Consent, Release & Waiver **Date** **Print Parent/Guardian Name**

Cell or work phone of above Parent/Guardian during activity _____

Ck #_____ or Credit Card #_____ Exp_____ Security Code_____