



Participant Liability Waiver

I voluntarily agree to have myself and/or my child participate in after-school activities, vacation camps, special events, and youth programming conducted by Outta Bounds Events Inc. I realize that every precaution is taken to eliminate any injury or hazards to myself or my child, and that a competent supervisor is present. In the event of any injury to myself or my child, I hereby waive, release, and hold harmless Outta Bounds Events Inc., The Saddleback Valley Unified School District, The City of Mission Viejo, and The City of Lake Forest from any liability for damages or claims for damages for personal injury including accidental death, as well as, from claims for personal property damage which may arise in connection with this activity, including the active or passive negligence of Outta Bounds Events Inc., The Saddleback Valley Unified School District, The City of Mission Viejo, and The City of Lake Forest, and/or officers, agents, and employees of these organizations, or any other participants in this activity. The parties to this release understand that this document is not intended to release any party from any act or omission of "gross negligence," as that term is used in applicable case law and/or statutory provision.

Initial: _____

I, the undersigned, Parent or Legal Guardian of a minor, DO HEREBY AUTHORIZE OUTTA BOUNDS EVENTS, INC. AND ITS EMPLOYEES TO CONSENT TO ANY MEDICAL TREATMENT DEEMED NECESSARY BY A LICENSED PHYSICIAN, DENTIST, OR MEDICAL EMERGENCY PERSONNEL. It is understood that I, the Parent/Guardian, will assume financial responsibility for costs incurred for treatment or hospital care. This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California.

Initial: _____

Participant's Name: _____

Parent's Name: _____ Date: _____

Parent's Signature: _____