

# AGOURA STINGRAYS/SHARKS RELEASE FORM

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## RELEASE TO BE COMPLETED BY PARENT, GUARDIAN OR CONSERVATOR

I am the parent/guardian/conservator of \_\_\_\_\_, on whose behalf I have submitted the attached application for participation in Agoura Stingrays/Sharks. I hereby represent that the athlete has my permission to participate in Agoura Stingrays/Sharks activities.

I further represent and warrant that to the best of my knowledge and belief, the athlete is physically and mentally able to participate in Agoura Stingrays/Sharks. With my approval, a licensed physician has reviewed the health information set forth in the athlete's application, and has certified based on an independent medical examination that there is no medical evidence, which would preclude the athlete's participation. I understand that if the athlete has Down Syndrome, he/she cannot participate in sports or events, which, by their nature, result in hyper-extension, radical flexion or direct pressure on the neck or upper spine, unless I and two physicians have completed the official "Special Release for Athletes with Atlanto-Axial Instability." Available from Agoura Stingrays/Sharks, or the athlete has had a full radiological examination, which establishes the absence of Atlanto-axial Instability. I am aware that if I choose not to complete the "Special Release for Athletes with Atlanto-Axial Instability" form which establishes the absence of Atlanto-axial Instability, the athlete must have the radiological examination before he/she can participate in, gymnastics, pentathlon, butterfly stroke, diving starts in swimming, high jump, and soccer.

In permitting the athlete to participate, I am specifically granting my permission, (both during and anytime after), to A to use the athlete's likeness, name, voice and words in television, radio, film, newspapers, magazines and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of the Agoura Aquatics Foundation and/or applying for funds to support those purposes and activities.

If a medical emergency should arise during the athlete's participation in any Agoura Stingrays/Sharks activities, at a time when I am not personally present so as to be consulted regarding the athlete's care, I hereby authorize the Agoura Aquatic Foundation, on my behalf, to take whatever measures are necessary to ensure that the athlete is provided with any emergency medical treatment, including hospitalization, which the Agoura Aquatic Foundation deems advisable in order to protect the athlete's health and well-being.

I am the parent (guardian) of the athlete named in this application. I have read and fully understand the provisions of the above release, and have explained these provisions to the athlete. Through my signature on this release form, I am agreeing to the above provisions on my own behalf and on the behalf of the athlete named above.

I hereby give my permission for the athlete named above to participate in Agoura Stingrays/Sharks games, recreation programs, and physical activity programs.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

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## RELEASE TO BE COMPLETED BY ADULT ATHLETE (IF NO PARENT/GUARDIAN OR CONSERVATOR)

I, \_\_\_\_\_ am at least 18 years old and have submitted the attached application for participation in Agoura Stingrays/Sharks activities.

I represent and warrant that, to the best of my knowledge and belief, I am physically and mentally able to participate in Stingrays/Sharks activities. I also represent that a licensed physician has reviewed the health information contained in my application and has certified, based on an independent medical examination, that there is no medical evidence which would preclude me from participating in Agoura Stingrays/Sharks activities. I understand that if I have Down Syndrome, I cannot participate in sports or events which, by their nature, result in hyper-extension, radical flexion or direct pressure on my neck or upper spine unless I and two physicians have completed the official "Special Release for Athletes with Atlanto-Axial Instability," available from Agoura Stingrays/Sharks, or I have had a full radiological examination which establishes the absence of Atlanto-axial Instability. I am aware that if I choose not to complete the "Special Release for Athletes with Atlanto-Axial Instability" form which establishes the absence of Atlanto-axial Instability, I must have the radiological examination before I can participate in gymnastics, pentathlon, butterfly stroke, diving starts in swimming, high jump, and soccer.

The Agoura Aquatics Foundation has my permission, (both during and anytime after), to use my likeness, name, voice or words in either television, radio, film, newspapers, magazines, and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of Agoura Stingrays/Sharks and/or applying for funds to support these purposes and activities.

If, during my participation in Agoura Stingrays/Sharks activities, I should need emergency medical treatment, and I am not able to give my consent or make my own arrangements for that treatment because of my injuries, I authorize The Agoura Aquatics Foundation to take whatever measures are necessary to protect my health and well-being, including, if necessary, hospitalization.

I, the athlete named above, have read this paper and fully understand the provisions of the release that I am signing. I understand that by signing this paper, I am saying that I agree to the provisions of this release.

\_\_\_\_\_  
SIGNATURE OF ADULT ATHLETE

\_\_\_\_\_  
DATE

I hereby certify that I have reviewed this release with the athlete whose signature appears above. I am satisfied based on that review that the athlete understands this release and has agreed to its terms.

**NAME (Print)**  
\_\_\_\_\_

**RELATIONSHIP TO ATHLETE (e.g. family member, teacher, coach, etc.)**  
\_\_\_\_\_