

Indemnification and Medical Authorization

Parents' Names: _____ Parent's Phone Number: _____

1st Child's Name: _____ DOB _____

2nd Child's Name: _____ DOB _____

3rd Child's Name: _____ DOB _____

4th Child's Name: _____ DOB _____

5th Child's Name: _____ DOB _____

6th Child's Name: _____ DOB _____

In consideration of our child's (children's) participation in Houston Homeschool Athletics (HHA) activity or program: We, the parents of the registered children, do hereby release, absolve and hold harmless the directors, coaches, medical attendants (if any), and adult leaders of Houston Homeschool Athletics from any and all liability for all losses, damages or injuries occurring as a result of our child's (children's) participation in the association's activities, including travel to and from games and tournaments within the Greater Houston area or to other cities as required.

We understand that reasonable precautions will be taken to make the programs safe and beneficial for all children, but that risk of injury cannot be eliminated entirely, and that this release is necessary for our child(ren) to participate in the HHA activities or programs. We understand that HHA is a nonprofit organization and that HHA does not provide insurance for losses, damages or injuries which may occur as a result of our child's (children's) participation.

Furthermore, we hereby authorize, in the event of injury to our child(ren), any director, coach, medical attendant, or adult leader of HHA program to consent to emergency medical treatment for our child(ren) when we cannot be contacted to give consent. Such medical treatment may include, without limitation, x-ray examination, anesthetic, medical, surgical examination or treatment and general hospital care. NO prior determination of life threatening emergency or danger of serious or permanent injury resulting from delay of treatment need be made under this authorization. EXCEPT AS NOTED on reverse, this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, and is given to provide authority and power on the part of a director or coach of the HHA program to give specific consent to any and all such examination, treatment, or hospital care.

Except as indicated on reverse, we specifically give our consent for first aid treatment with ice packs bandages and antibiotic ointment (Neosporin, Neomycin, Mycitracin, Bacitracin, and/or Polymyxin), Hydrogen Peroxide, Rhuligel, Vaseline.

We hereby verify that we understand and accept the terms of this Indemnification and Medical Authorization, and authorize this document to be kept on file for ongoing participation in HHA.

Parent's or Guardian Signature:

Date:
