

Riverdale PTO Dodgeball Tournament
CONSENT FOR PARTICIPATION & RELEASE FOR MEDICAL CARE

Participant Information

Last Name _____ First _____

Allergies _____

Parent/Guardian(s) Name _____

Cell(s) _____

Legal/Parent Consent

I/We hereby give consent for (participant's name) _____ to participate in the Riverdale PTO Dodgeball tournament, realizing that such activity involves potential injury. I/We acknowledge that even with strict observation of the rules, injuries are still possible. Furthermore, I/we will not hold Riverdale School personnel, Riverdale PTO, or Germantown Municipal School District liable.

I/We further grant permission to the school to render aid, treatment, medical, or surgical care deemed reasonably necessary to the health and wellbeing of the student named above during or resulting from participation in this event. By signing this release, I/we will assume all financial responsibilities if medical treatment is deemed warranted.

As parent or legal guardian, I/we remain fully responsible for any legal responsibility, which may result from any personal actions taken by above named student.

Signature of Parent/Guardian: _____ Date: _____