

**Challenge Sports, Inc.**  
**City Of Sacramento, Department of Parks and Recreation/Access Leisure,**  
**Medical Release and Release of Liability 2020**

I, \_\_\_\_\_, give my permission for my: son / daughter / self, (PRINT NAME) \_\_\_\_\_

to participate in Access Leisure/Challenge Sports programs January 1, 2020 through December 31, 2020. Should it be necessary for the participant to seek emergency medical attention, I hereby give the Challenge Sports of California representatives permission to use their best judgment to obtain needed medical services. I authorize the emergency physician/hospital to render emergency treatment to the client. I understand the medical costs incurred by the participant are the responsibility of the participant/parent/guardians.

All athletes/parents/guardians participating in Challenge Sports of California Programs are deemed to have waived all claims against the hosting Recreation and Park District / Community Center and/or any privately owned and operated facilities being used by Challenge Sports of California. In addition, all claims are waived against Challenge Sports, Inc., the City of Sacramento, Access Leisure, and their employees or volunteers, for injury, accident, illness, or death occurring during any of Challenge Sports Program activities.

The athletes/parents/guardians participating in Challenge Sports, Inc. Programs hereby acknowledge the league involves recreational activities that are potentially dangerous and can result in injury. All necessary precautions are taken to ensure the safety of each athlete. Nevertheless, the participant/parent/guardian hereby waive any and all claims against Challenge Sports of California, the hosting Recreation and Park District or privately owned and operated facility, the City Of Sacramento, Access Leisure, any employees, volunteers, and/or agents that may arise out of injury incurred while an individual is participating in Challenge Sports Programs.

**PARTICIPANT NAME** \_\_\_\_\_

**STREET ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian or self (if over 18)

\_\_\_\_\_  
Date

**Talent Release and Photo Consent**

I, \_\_\_\_\_, give my permission to have my son/daughter/self, \_\_\_\_\_ photographed and/or videotaped for or in Challenge Sports Program promotional/fund-raising purposes.

\_\_\_\_\_  
Signature of parent/guardian or self (if over 18)

\_\_\_\_\_  
Date