

MEDICAL AUTHORIZATION, PHOTO RELEASE AND LIABILITY WAIVER FORM

Family ID: _____ Student's English Name: _____

PERMISSION TO OBTAIN MEDICAL TREATMENT:

I, the undersigned, on behalf of the Student(s) identified above, give the staff of SCCCA/Irvine Chinese School permission and consent to obtain whatever medical attention the staff determines is needed, including (calling 911) but not limited to emergency care and paramedics, for the Student(s) while under the staff's supervision. I assume full financial responsibility for all such medical expenses incurred.

Parent/Guardian Signature: _____ **Date:** _____

PHOTOGRAPH/VIDEO RELEASE:

I, the undersigned, on behalf of the Student(s) identified above, give permission and consent to SCCCA/Irvine Chinese School to use and copyright photographs/videos of the Student(s) without restriction of rights for any purpose, including but not limited to promotion, advertising, and public relations. I hereby release and discharge SCCCA/Irvine Chinese School and any of its employees, agents and representatives from any and all claims, liabilities and damages arising out of or in connection with the use of such photographs/videos.

Parent/Guardian Signature: _____ **Date:** _____

HOLD HARMLESS / LIABILITY RELEASE:

I, the undersigned, understand that there are certain dangers, hazards and other risks (foreseen and unforeseen) inherent in attending and participating in the SCCCA/Irvine Chinese School and related programs, including, without limitation, those related to use of equipment and facilities, personal safety (including minor, serious or mortal personal injury) and property damage (all collectively, "risks"). In recognition of the risks, I, for myself and on behalf of the Student(s) identified above, confirm that the Student is physically and mentally capable of attendance and participation in all activities and use of all equipment. The Student is willingly and voluntarily attending and participating, and the Student and I assume all risks.

In consideration of the attendance and participation in the SCCCA/Irvine Chinese School Summer and related programs by the Student(s), I, for myself, the Student(s) identified above and any other parent or guardian of the Student(s), agree to release, waive and hold harmless SCCCA/Irvine Chinese School and its current and former trustees, officers, directors, employees, attorneys, representatives and agents from and against any and all claims, injuries, liabilities and damages arising out of or in connection with such attendance and participation in the SCCCA/Irvine Chinese School Summer and related programs.

Parent/Guardian Signature: _____ **Date:** _____