

**INFORMED CONSENT, LIABILITY RELEASE AND
MEDICAL TREATMENT AUTHORIZATION
(PARENTAL)**

Child's Name: _____

Activity: Castaic Lake Aquatic Center Monday, July 11, 2011
Kayak Date(s)

I/We, _____, parent(s) or legal guardian(s) of the above-mentioned child, request that my child (identified above) be permitted to participate in the above captioned activity and agree to the following: I/We understand and agree that my/our child's participation in this activity may expose him/her to risks of injury, including death. The risks include but are not limited to **death, injury, serious neck and spinal injuries, paralysis, brain damage, injury to vital organs, bones, joints, muscles and tendons**. I/We will counsel my/our child so he/she understands that it is important for his/her safety and the safety of others, to follow all instructions of the staff. I/We agree that I/We am/are responsible for my/our child's conduct while he/she is participating in this activity.

In consideration for my/our child's participation in this activity, on behalf of myself/us and my child, I/We release, discharge and hold harmless the State of California (State); California State University, Northridge (CSUN); Trustees of the California State University; County of Los Angeles, their, officers, volunteers, employees and agents **from all liability, claims, costs, and expense**, arising out of these activities which may result in injury or illness to my/our child. I/We also agree to defend and indemnify the State of California (State), California State University Northridge (CSUN); Trustees of the California State University; County of Los Angeles, their, officers, volunteers, employees and agents.

I/We am/are the parent(s)/legal guardian(s) of the above child. I/We agree that the Staff and CSUN are **authorized to obtain and authorize emergency medical treatment** for my/our child, up to and including emergency hospitalization and surgery. I/We agree to be personally responsible for any related medical expenses. On behalf of my/our child, and myself/us, I/We further release the State, CSUN, CSU, County of Los Angeles and any medical provider of emergency treatment to my child for any related liability. A copy of this agreement shall suffice as original.

Print Legal Guardian Name: _____

Print Legal Guardian Name: _____

Signed: _____
Parent/Legal Guardian

Signed: _____
Parent/Legal Guardian

Date: _____