

Antelope Valley Wellness Community
335 B Avenue K6
Lancaster, CA 93535

MINOR PARTICIPATION
WAIVER OF LIABILITY

NAME OF EVENT/ACTIVITY:
DATE AND TIME OF EVENT/ACTIVITY:
COORDINATOR:

(A parent or legal guardian must read and sign this form before the minor can participate in any Antelope Valley Wellness Community activities)

By completing and signing this form, I hereby agree to the following:

1. I am voluntarily authorizing the participation of minor

Grid for printing child's name

(Print Child's First Name and Last Name)

who is years old and related to me as in an event/activity held at the Los Angeles County Department of Public Health Antelope Valley Wellness Community. I understand that their participation in this event/activity may involve risk of injury.

- 2. I understand that it is my responsibility to consult with a physician before authorizing my child's participation in any physical exercise.
3. I assume full responsibility for any risks, injuries, or damages that may happen as a result of my child's participation in this event/activity. Additionally, I hereby release Los Angeles County and its employees and agents from any claim for such injuries, damages, or death resulting from my child's participation in this event/activity.

I have read and completed the above release and waiver of liability and fully understand its contents. I am 18 years of age or older and voluntarily agree to the terms and conditions stated above pertaining to authorizing the participation of

Grid for printing parent's name

(Print Child's First Name and Last Name)

in this event/activity.

Table with columns: PARENT OR LEGAL GUARDIAN NAME (Print), SIGNATURE, DATE. Includes sub-fields for First Name, Last Name, and Phone Number.