

GAMES FOR LIFE – AUSTIN RELEASE FORM

I hereby release of any responsibility of injury or accident while a participant in the Games for Life in Austin, Texas. I hereby authorize any emergency medical treatment deemed necessary in the event of an accident or injury while participating in the Games for Life. I hereby, in no way, hold the University of Texas School of Social Work, the university of texas Recreational Sports Center or the Capital Area Social and Activity Coordinator's Association, Inc. (CASACA) liable for any accident or injury incurred while participating in the Games for Life. I hereby grant permission to CASACA to use photographs or video of participant taken in conjunction with the Games for Life.

Name of Participant: _____

Participant Signature: _____

RESIDENT MUST BE THEIR OWN RESPONSIBLE PARTY TO SIGN FOR HIMSELF/HERSELF.

Responsible Party Signature: _____

Witness (1): _____

(if resident signs release as own responsible party)

Witness (2): _____

(if resident signs release as own responsible party)

Date: _____

Facility Name: _____

*NOTE: If no family or guardian is available, the Administrator's signature is acceptable.
If a resident signs release for himself/herself, two witness signatures are necessary.*

STAPLE DOCTOR'S ORDERS TO THIS FORM

Please put releases in alphabetical order when submitting multiple entries.