

GAMES FOR LIFE – SAN ANTONIO RELEASE FORM

I hereby release any responsibility of injury or accident while a participant in the Games for Life in San Antonio, 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 NEISD, Blossom Athletic 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.

Print Name of Participant: _____

Participant Signature: _____
(if own responsible party)

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, 2 witness signatures are necessary. RESIDENT MUST BE THEIR OWN RESPONSIBLE PARTY TO SIGN FOR HIMSELF/HERSELF.

STAPLE DOCTOR'S ORDERS TO THIS FORM

Please put releases in alphabetical order when submitting multiple entries.