

PEARL RIVER COMMUNITY COLLEGE
MEDICAL TREATMENT AND LIABILITY RELEASE FORM



Participant's Name: _____

School Name (If applicable): _____

Participant's Mailing Address: _____

Parent/Legal Guardian: _____

Phone Number: _____

Parent/Legal Guardian Email: _____

Emergency Contact Name/#: _____

I, _____, as parent or legal guardian of _____, hereby grant permission for my son/daughter to participate in the Pearl River Community College event. I further agree to release and hold harmless Pearl River Community College and those associated with Pearl River Community College from any and all liability. I understand this activity will involve risk to my child such as serious injury, including permanent disability, and death due to his or her own actions and inactions or negligence of others, the rules of play or the condition of the premises or of any equipment used.

I understand that my son/daughter may require medical treatment due to injury or illness during the event, and I hereby authorize the supervising adult or medical professionals to perform medical treatment on my son/daughter as deemed necessary.

I also understand that Pearl River Community College will enforce the safety guidelines as set forth in the Mississippi High School Activities Association Rule Book. It is the parent's/guardian's responsibility to know and understand these rules by which my daughter/son must abide during participation in this activity, and that my daughter/son and I will be responsible for her/his failure to abide by those rules and regulations.

Signature of Parent/Legal Guardian

Date

Signature of Participant

Date