



Medical Release

I hereby grant permission, in the event of illness or injury, for Rock Athletics staff, to provide me/my child with medical assistance and/or treatment and to call or obtain the services of a physician or hospital. I understand that a conscientious effort will be made to contact me or other parent/guardian before any action will be taken.

Member's Name: _____
Signature (Parent/Guardian): _____ Date: _____
Family Doctor: _____ Phone number: _____

Liability Release

I hereby release Rock Athletics, owners, coaches, and/or representatives from any liability which may arise out of my/my child's participation in any of said club's activities, games, practices, or transportation and to hold said club, its owners, coaches, and/or representatives harmless from any expense or claim for damages which may be incurred on behalf of me/my child for any injury or accident which may occur in connection with her/his participation herein.

Member's Name: _____
Signature (Parent/Guardian): _____ Date: _____

Photo/Video Release

Rock Athletics may promote programs by posting photos/videos of its athletes on the Rock Athletics website, Facebook page and Newsletter. Please indicate your wishes regarding your/your child's involvement in the promotional activities mentioned above by signing below.

- Yes, I permit Rock Athletics to reproduce images of me/my child for the promotional purposes listed above.
- No, I do not permit Rock Athletics to reproduce images of me/my child.

Member's Name: _____
Signature (Parent/Guardian): _____ Date: _____