

**LAKE HOUSTON CONQUERORS**  
*Liability Release and Medical Authorization*  
**Athlete • Coach • Parent • Volunteer**



Insured Person's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Cell (his): \_\_\_\_\_ Cell (hers): \_\_\_\_\_ Emerg: \_\_\_\_\_

Employer: \_\_\_\_\_ Business phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Medical Conditions(s) and/or Allergies that should be taken into consideration in the event medical treatment must be administered to you or your child:

\_\_\_\_\_

\_\_\_\_\_

In consideration of our participation in the Lake Houston Conquerors, Inc. program:

We do hereby release, absolve, and hold harmless the directors, coaches, and leaders of the Lake Houston Conquerors, Inc. (hereafter referred to as LHC) from any and all liability for all sickness, damages, or injuries occurring as a result of my or my child's presence or participation in the activities of LHC, including travel to and from meets, tournaments, and other games within the Houston area or to other cities as required. We also absolve and hold harmless any facility and its directors that LHC is using for its activities. We further agree to make or cause to be made, by assignment of third-party benefits or otherwise, full and complete payment for examination, treatment, or hospital care required in the case of a medical emergency.

I understand that reasonable precautions will be taken to make the program safe and beneficial for all, but that risk of infectious disease or injury cannot be eliminated entirely, and that this release is necessary for me to participate in the LHC program. I also understand that athletic competition is strenuous by nature and acknowledge LHC's strong recommendation that I and/or my child obtain a complete physical examination before participating.

Furthermore, we hereby authorize, in the event of an injury, any director, coach, medical attendant or adult leader in LHC to consent to emergency medical treatment for me or our child when we cannot be contacted to give consent. Such medical treatment may include, without limitations, x-ray examinations, anesthetic, medical, surgical examination or treatment, and general hospital care. No prior determination of life-threatening emergency or danger of serious or permanent injury resulting from delay of treatment need be made under this authorization. This authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, and is given to provide authority and power on the part of a director, coach, or adult leader of LHC to give specific consent to any and all such examination, treatment, or hospital care.

We specifically give our consent for first aid treatment with bandages, antibiotic ointment, hydrogen peroxide, and/or ibuprofen. Listed below are any prescription medications that our child takes on a regular basis.

Athlete Name:					
Treatments:					
Medications:					

**We hereby verify that we understand and accept the terms of this Liability Release and Medical Authorization.**

Signature of Father/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Mother/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_