

# Sylmar Charter High School

13050 Borden Avenue, Sylmar, CA 91342

TELEPHONE: (818) 833-3700

Fax: (818) 364-1037

Austin Beutner  
Superintendent of  
Schools

Rodney Wright  
Principal

**To:** Summer Volleyball League Participants & Their Parents

**From:** Sohiel Mashhoud, Girls Volleyball Coach  
Dave Lertzman, Co Girls Volleyball Coach,

**SUBJECT:** **LIABILITY WAIVER**

**Date:** JUNE, JULY 2019

By choosing to participate in our summer league, please be informed that Sylmar Charter High School, the Los Angeles Unified School District, Sohiel Mashhoud, Dave Lertzman, and all other Sylmar volleyball coaches are not liable for any injuries suffered because of participation in this activity. If you agree to allow your child to participate in this beneficial program, please sign and return this liability waiver to your coach on or before the first date of participation. Your coach is responsible to return this waiver to Dave Lertzman on the first day of participation.

## **VOLLEYBALL SUMMER PRACTICE AND SUMMER LEAGUE PLAYER LIABILITY WAIVER**

As parent / guardian of the below mentioned participant, I do hereby waive, release, and hold harmless from any liability for damages or claims for damages for personal injury, including accidental death, as well as from claims for property damages which may arise in connection with the above named activity, against the coaching staff, Los Angeles Unified School District and its elected and appointed officials, agents, and employees.

In the event of accident, injury, or illness to the below named participant, consent is hereby given to treatment of my minor child for any and all medical procedures deemed necessary as a result of accident or injury and to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any physician and / or dentist licensed under the provisions of the Medical Practice Act. I further agree to pay any and all costs incurred as a result of said treatment.

Participant's Name: \_\_\_\_\_ School: \_\_\_\_\_

Parent / Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Phone Number: ( ) \_\_\_\_\_