HOLD HARMLESS AND ASSUMPTION OF THE RISK AGREEMENT FOR PARTICIPATION IN CENTURY COMMUNITY CHARTER SCHOOL'S SPORTS/CLUB PROGRAM

For and in consideration of participation in the Century Community Charter School's Sports/Club Program (hereafter "Program"), I hereby voluntarily release, discharge, waive and relinquish any and all actions or causes of action for any personal injury, property damage or wrongful death against the Century Community Charter School's and Century Housing Corporation (hereafter called, CCCS), and/or any of its officers, agents, servants or employees, occurring to me as a result of my participation in the Program or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue.

TO THE MAXIMUM EXTENT ALLOWED BY LAW, IT IS MY INTENTION BY SIGNING THIS INSTRUMENT, TO EXEMPT AND RELIEVE ITS OFFICERS, AGENTS, SERVANTS OR EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE INCLUDING, BUT NOT LIMITED TO, THE EXISTENCE OF ANY FIELD CONDITION(S) ALLEGED TO BE DANGEROUS AS A MATTER OF LAW. I am fully aware of the risks and hazards inherent in participation in the Program and I certify that I am in good physical health and able to participate in sports/club activities. Nevertheless, I hereby elect voluntarily to participate in the Program and assume all risk of loss, damage, or injury that may be sustained by me during my participation in the Program or any activities incidental thereto.

I agree that in the event any claim for personal injury, property damage, or wrongful death shall be prosecuted against the CCCS, or any of its officers, agents, servants or employees, I shall defend, indemnify and save harmless the CCCS and/or any of its officers, agents or employees from any and all such claims or causes of action by whomever or wherever made or presented.

I understand that this Hold Harmless and Assumption of the Risk Agreement shall apply not only to me but also to my heirs, executors, administrators, next of kin, assigns and successors.

I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT AND HAVE BEEN FULLY AND COMPLETELY ADVISED OF THE POTENTIAL DANGERS INCIDENTAL TO PARTICIPATION THE PROGRAM AND I AM FULLY AWARE OF THE LEGAL CONSEQUENCES OF SIGNING THIS INSTRUMENT. By my signature below, I hereby certify that I am at least eighteen (18) years old. If I am under the age of eighteen (18), my parent/guardian has read this form with me and has completed the additional parent/guardian waiver and release on the reverse.

additional parent/guardian waiver and release on the re	verse.
Participant:	Dated:
parent or guardian must execute, in addition to the Rele The undersigned (parent/guardian) referred to as the parepresent that they are, in fact, acting in such capac CCCS AND ANY OF ITS OFFICERS, AGENTS, SEF THAT MAY OCCUR BY REASON OF THE MINOR'S	R MINOR.: If the participant is under the age of eighteen (18) years, the case, the following Waiver and Release: arent and natural or legal guardian of (minor's name) does hereby ity and AGREES TO DEFEND, INDEMNIFY, AND HOLD HARMLESS RVANTS OR EMPLOYEES, FROM ALL LIABILITY, LOSS, OR HARM PARTICIPATION IN THE SPORTS PROGRAM. BY THE SIGNATURE SES AND AGREES TO THE ABOVE AS WELL AS THE RELEASE
Signature of parent / guardian	Relationship to Minor

CENTURY COMMUNITY CHARTER SCHOOL YOUTH SPORTS/CLUB PARENTAL CONSENT FORM

Child's Name: Parent's Name: Home Phone: Work Phone:	
Any physical ailments coaches/instructors shou Any medication taken regularly? Any medication allergies?	lld be aware of? (weak ankles, asthma, headaches, etc.)
Family Doctor: Name: Address:	Phone:
PARENTAL CONSENT F	OR YOUTH SPORTS/CLUB PARTICIPATION
(I) (We), the undersigned, parents of a minor, g Charter School	ive permission for my child to participate in the Century Community _ youth program.
Dated:	Legal Guardian Signature
Father Print Name	Father Signature
Mother Print Name	Mother Signature
AUTHORIZATION TO	CONSENT TO TREATMENT OF MINOR
consent to any x-ray examination, anesthetic, n deemed advisable by, and is to be rendered un licensed under the provisions of the Medical Prosuch diagnosis or treatment is rendered at the of the such diagnosis or treatment is rendered at the of the such diagnosis or treatment is rendered at the office of the such diagnosis or treatment is rendered at the office of the such diagnosis or treatment is rendered at the office of the such diagnosis or treatment is rendered at the office of the such diagnosis or treatment is rendered at the office of the such diagnosis or treatment is rendered at the office of the such diagnosis or treatment is rendered at the office of the such diagnosis or treatment is rendered at the office of the such diagnosis or treatment is rendered at the office of the such diagnosis or treatment is rendered at the office of the such diagnosis or treatment is rendered at the office of the such diagnosis or treatment is rendered at the office of the such diagnosis or treatment is rendered at the office of the such diagnosis or treatment is rendered at the office of the such diagnosis or treatment is rendered at the office of the such diagnosis or treatment is rendered at the office of the such diagnosis of the such diagnosis or treatment is rendered at the office of the such diagnosis of the such diagno	n in advance of any specific diagnosis, treatment or hospital care y and power on the part of our aforesaid agent(s) to give specific
exercise of his best judgment may deem advisa	ment or hospital care which the aforementioned physician in the ible.
This authorization shall remain effective until _ delivered to said agent(s).	, unless sooner revoked in writing
Dated:	Legal Guardian Signature
Father Print Name	Father Signature
Mother Print Name	Mother Signature