

### Release of Liability

I, the undersigned parent or legal guardian of \_\_\_\_\_, hereby grant permission and hold harmless Marcus High School, Lewisville ISD, the Marcus Marquettes, the Marcus Marquette Booster Club, and any medical attending Physician provided to the medically treat the aforementioned participant as deemed appropriate. I also grant permission to all the foregoing to use any photographs, motion pictures, recordings, and or any other record of this event for any legitimate purpose.

Parent/Guardian Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Family Physician \_\_\_\_\_

Physician Phone Number \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

