**West Coburg Netball Club**

**Consent to Medical Treatment and Indemnity Clause**

**MEDICAL TREATMENT CONSENT**: I understand that netball is a limited contact sport and that there is a risk of injury involved in participating in netball related activities. I authorise any official from the West Coburg Netball Club, in the event of any injury or illness, to obtain on my child’s behalf and at my expense any medical assistance, treatment and transportation as deemed necessary.

**INDEMNITY**: Except where provided or required by law and such cannot be excluded, I agree that the West Coburg Netball Club and its respective officers and members are absolved from all liability arising from injury or damage to my child, however caused, whilst participating in the Netball related activities.

Name:

Name of Parent/Guardian (if child under 18):

Signed:

Date: