

# Wheatland Athletic Association

## PARTICIPANT/PARENT/GUARDIAN/VOLUNTEER WAIVER AND RELEASE

Wheatland Athletic Association, Inc. WAA is committed to conducting its programs, services, and activities collectively WAA Activities in a safe manner and holds the safety of all WAA volunteers and participants in high regard. Volunteers, participants and parents/guardians of minor volunteers and participants must recognize that there is an inherent risk of injury when choosing to volunteer or participate in performing and/or otherwise assisting in WAA Activities. You are solely responsible for determining if you and/or your minor child/ward are physically fit and/or adequately skilled to participate or volunteer in WAA Activities. You hereby represent to WAA that you have consulted a physician before participating or volunteering in any WAA Activities and that you and/or your minor child/ward do not have any health issues which would preclude you from participating or volunteering in WAA Activities. You also agree that at the request of WAA, its representative, employee, or a volunteer coach, you may be required to attend all practices and games with your child if additional supervision is deemed necessary by WAA, its representative, employee, or a volunteer coach.

Participating and volunteering in WAA Activities often challenge and engage the physical, mental and emotional resources of each participant and volunteer. Despite careful and proper preparation and instruction there is still a serious risk of injury when acting as a participant or volunteer in WAA Activities. All hazards and dangers can't be foreseen. In this regard, it is impossible for WAA to guaranty your safety.

## WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that by participating or volunteering in WAA Activities, you will expressly assume the risk and legal liability and waive and release all claims for injuries, damages, or loss, which you and/or your minor child/ward may sustain as a result of participating or volunteering in any and all WAA Activities. You also acknowledge that you are solely responsible for providing the necessary insurance coverage for yourself and your child and that WAA does not provide participants with supplemental medical coverage.

I recognize and acknowledge that there are certain risks of physical injury to participants and volunteers participating and/or engaging in WAA Activities, and I knowingly, intelligently, and voluntarily agree to assume the full risk of any and all injuries, death, damages, or loss, regardless of severity, that my minor child/ward and/or I may sustain as a result of said participation or volunteering in WAA Activities, and hereby given approval for my minor child/ward to participate in WAA Activities. I further agree to waive and relinquish all claims I and/or my minor child/ward may have as a result of participating or volunteering in WAA Activities against WAA, or any of its affiliates, officials, directors, employees, agents, officers, and/or other volunteers. I further pledge to abide by the WAA code of conduct.

**Photo Disclaimer:** All participants permit the taking of photos of themselves and their children during WAA programs, activities, events and facilities for publication and use as WAA deems necessary in all marketing materials and social media avenues.

I have read and fully understand the above information, warning of risk, assumption of risk and waiver and release of all claims.

Name of Participant \_\_\_\_\_

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

Signature of Parent/Guardian \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_