

Lehighton Athletic Booster Club

Agreement and Release of Liability

1. In consideration of being allowed to attend and participate in any and all athletic and/or other programs/events sponsored by the LEHIGHTON ATHLETIC BOOSTER CLUB (LABC), I(we), the undersigned parent(s) and/or guardian of the minor child/participant named below, do hereby waive, release and forever discharge the LABC and its representatives, trainers, coaches and all others from any and all responsibilities or liability from injuries or damages resulting from the said child's participation in any activities, or use of any equipment or machinery in such activities. I (we) do also hereby release all of those mentioned, and any others acting upon their behalf, from any responsibility or liability for any injury or damage, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, or in any way arising out of or connected with participation in any of the aforesaid activities associated in any way with any of the aforesaid events.

(Please initial _____)

2. I (we) understand and am aware that participation in the aforesaid activities is potentially hazardous and involves a risk of injury and even death, that said child is voluntarily participating in these activities with knowledge of the dangers involved and that I(we) are authorizing said participation with the same knowledge. I (we) hereby agree to expressly assume and accept any and all risks of injury or death on behalf of the said child.

(Please initial _____)

3. I (we) understand that said child's participation in said activities is not covered by any medical insurance policies issued to the LABC; and the undersigned hereby agrees to bear the risk of any injury/loss and to carry insurance covering the said child for any medical expense, damage, injury or loss.

(Please initial _____)

4. I (we) do hereby further declare said child to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent said child's participation in the aforesaid activities. I (we) acknowledge that said child has had a physical examination and has been given physician's permission to participate, and I (we) do hereby assume all responsibility for participation in the aforesaid activities, and utilization of equipment, facilities and machinery associated therewith.

(Please initial _____)

5. I (we) do hereby acknowledge that I (we) are responsible for said child's transportation to and from any programs/events sponsored by the LABC. I (we) further acknowledge that I (we) are primarily responsible for said child's care, custody and control, before, during and after said child's participation in and presence at any subject programs/events.

6. I (we) understand that my child may be videotaped, audio-recorded and/or photographed during any events in which my child represents LABC as an individual or team member. I authorize LABC to use the images for any and all purposes and/or publish, in any form, my child's statistics and/or characteristics relative to his/her participation in any event.

(Please initial _____)

7. I (we) further acknowledge that the LABC and LABC coaches neither condone nor encourage any form of severe dieting and food and/or water deprivation of any sort. Any such behavior is strictly discouraged by LABC and its coaches. Accordingly, I acknowledge and accept full responsibility for monitoring my child's eating habits to ensure that he/she follows a sensible eating plan and does not adopt any potentially harmful eating habits or dehydration practices.

(Please initial _____)

IF ANY PORTION OF THIS RELEASE FROM LIABILITY SHALL BE DEEMED BY A COURT OF COMPETENT JURISDICTION TO BE INVALID, THEN THE REMAINDER OF THIS RELEASE FROM LIABILITY SHALL REMAIN IN FULL FORCE AND EFFECT AND THE OFFENDING PROVISION OR PROVISIONS SEVERED HEREFROM.

BY SIGNING THIS RELEASE, I (WE) ACKNOWLEDGE THAT I (WE) UNDERSTAND ITS CONTENT AND THAT THIS RELEASE CANNOT BE MODIFIED ORALLY.

Minor Child/Participant Name:		
Parent/Guardian Name(s):		
Parent/Guardian Signature(s):		
Date:		