



# Mountain Island Day School Community Charter

## *Sports Waiver of Liability*

I have reviewed and understand and will comply with the following RELEASE, INDEMNITY AND HOLD HARMLESS AGREEMENT and other terms of my and/or my child's/s' involvement/participation in Mountain Island Day Community Charter School, (MID) sports programs as set forth on this document.

### **RELEASE, INDEMNITY AND HOLD HARMLESS AGREEMENT FOR ADULT/MINOR PARTICIPANTS**

IN CONSIDERATION OF (Participant/child's name) \_\_\_\_\_, my/my child/ward, being allowed to participate in any way in the MIDCCS Sports program, related events, and activities, I, the undersigned acknowledges, appreciates, and agrees that:

The risk of injury to my child from the activities involved in these programs is significant, including the potential for illness, permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

1) FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my/my child's participation; and,

2) I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my/my child's readiness for participation and/or in the program itself, I will remove myself/my child from the participation and bring such attention of the nearest official immediately; and,

3) I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Mountain Island Day Community Charter School; its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property incident to my/my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

4) I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my/my child's involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

**Mountain Island Day Community Charter School  
SPORTS WAIVER OF LIABILITY**

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

FOR MINORS \_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)

\_\_\_\_\_  
(PRINT NAME)

FOR ADULT \_\_\_\_\_  
(ADULT PARTICIPANT SIGNATURE)

\_\_\_\_\_  
(PRINT NAME)

Date Signed: \_\_\_\_\_

SCHOOL YEAR: 18/19 19/20 20/21 21/22 (circle one)

**Adult Information**

**Daytime Phone Number** \_\_\_\_\_ **Cell Number** \_\_\_\_\_

**MINOR PARTICIPANT'S UNDERSTANDING OF RISK**

*(PARTICIPANTS UNDER 18 YEARS SIGN THIS PORTION THEMSELVES)*

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

\_\_\_\_\_  
(MINOR PARTICIPANT SIGNATURE) (PRINT MINOR'S NAME) Date Signed: \_\_\_\_\_

Authorization for Emergency Medical Attention for (Child's Name) \_\_\_\_\_

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to:		
Name of Family Doctor	Address	Phone #
Or to (Name of hospital or clinic)	Address	Phone #
Insurance Policy Holder:	Insurance company Name:	Subscriber #:
Insurance Group #: _____ Insurance Company Phone # _____		
I give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital/clinic.		
Signature-Parent or Legal Guardian _____ Date _____		