

WAIVER & RELEASE FORM

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

READ BEFORE SIGNING

I give my approval and consent to the participation of _____ (child's name)

In the Connecticut Youth Sports programs, events and activities, the undersigned acknowledges appreciates and agrees that:

The risk of injury to my child from the activities involved in these programs is significant, including potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and, FOR MYSELF, SPOUSE, MY CHILD'S LEGAL GUARDIAN AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASE or others, and assume full responsibility for my child's participation; and,

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

I myself, my spouse, my child's legal guardian, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE the Connecticut Youth Sports and their respective officers, affiliates, agents, representatives, successors, sponsors, advertisers and if applicable, owners and leasers of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in the Connecticut Youth Sports programs, events and activities, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law; and,

I, for myself, my spouse, legal guardian, 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 involvement or participation in the Connecticut Youth Sports, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law; and,

I certify that my child is physically fit to take part in all Connecticut Youth Sports programs, events and activities; and,

I pledge my child's compliance to any and all Connecticut Youth Sports rules and understand that my child could be dismissed from the Connecticut Youth Sports programs, events and/or activities for any conduct not in the best interests of the Connecticut Youth Sports and that no part of my child's registration fee will be refunded; and,

I authorize any medical evaluation or treatment of my child that may be advised or recommended by the attending physician or emergency medical personnel while participating in the Connecticut Youth Sports programs, events and activities.

(Parent / Guardian Signature)

(Print Name Clearly)

Date Signed: _____

Please list any allergies and/ or medical conditions, including those requiring maintenance of medication (i.e. bee stings, diabetes, asthma, seizure disorders). The purpose of this information is to ensure that medical personnel have timely and accurate pre-existing medical condition information, which may interfere with or alter treatment.
