

**D1 Sports & Athletics**  
**Waiver, Release of Liability, Indemnification, Consent to Medical Attention, and**  
**Statement of Physical Condition**

My child, \_\_\_\_\_, has permission to participate in D1 SPORTS & ATHLETICS (D1SA) athletic training program. As the undersigned, I acknowledge and agree to be bound by each of the following:

**Voluntary participation.**

I understand and confirm that my child's participation in D1SA athletic training is voluntary.

**Identification and Assumption of Risks.**

\_\_\_\_\_ I understand that serious accidents may occur during training. Participants in D1SA athletic training occasionally sustain mortal or serious personal injuries, as well as property damage, as a consequence thereof. I understand these risks and know that my child's participation in D1SA athletic training may involve risk of such personal injuries and property damage, including, permanent disability and death. I understand that this Waiver and Release of Liability is intended to address all of the risks of any kind associated with my child's participation in any aspect of the D1SA athletic training, including, particularly, such risks created by actions, inaction, carelessness, or negligence on the part of D1SA, its directors, officers, coaches, trainers, employees, agents, volunteers, successors, or assigns. I assume all risks, known and unknown, foreseeable and unforeseeable, in any way connected with my child's participation in D1SA athletic training. I accept personal responsibility for any liability, injury, loss, or damage in any way connected with my child's participation in the D1SA athletic training.

**Release and Waiver.**

\_\_\_\_\_ I release D1SA, its directors, officers, coaches, trainers, employees, agents, volunteers, successors, or assigns from any and all liability for and waive any and all claims for injury, loss, damage, or expense, including attorneys' fees, in any way connected with my child's participation in the D1SA athletic training (a "Claim"), whether or not caused in whole or part by the negligence or other misconduct of D1SA or any of the individuals mentioned above.

**Indemnification.**

I agree to indemnify and to hold harmless (in other words, to reimburse and to be responsible for) the D1SA and their directors, officers, employees, agents, volunteers, successors, and assigns from all Claims (including the cost of defending any Claim I might make, or that might be made on my child's behalf, that is released or waived by this instrument) in any way connected with or arising out of my child's participation in the D1SA athletic training, whether or not caused in whole or in part by the negligence or other misconduct of the D1SA or any of the individuals mentioned above.

**Binding Effect.**

This instrument shall be binding upon my relatives, personal representatives, heirs, beneficiaries, next of kin, or assigns and shall inure to the benefit of the D1SA and their successors and assigns.

**Consent to Medical Treatment.**

I authorize the D1SA to provide to my child, through medical personnel of their choice, customary medical assistance, transportation, and emergency medical services should I require such assistance, transportation, or services as a result of injury or damage related to my child's participation in the D1SA. This consent does not impose a duty upon the D1SA to provide such assistance, transportation, or services.

**Statement of Physical Condition and Compliance.**

My child is in proper physical condition to participate in the D1SA athletic training and has had a physical conducted by a medical doctor in the last 12 months. I have read and will comply with the training guidelines and the medical rules and policies with respect to the D1SA athletic training that have been supplied to me by D1SA.

**D1SA Property**

\_\_\_\_ I understand that I am fully responsible for all D1SA property when it is in my child's possession. I understand that I am to return all D1SA property immediately after its use, unless, I have the verified consent of a D1SA Director, Officer, or Coach and that all D1SA property must be returned no later than July 30 of this year. If I lose, damage, or cause an expense to D1SA property, I understand that D1SA shall be permitted to pursue all collection, relief, including attorneys' fees and court costs.

**Applicable Law.**

This instrument shall be governed, construed, and enforced in accordance with the laws of the state of Virginia.

**THIS IS A WAIVER AND RELEASE OF LIABILITY. I HAVE READ THIS WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION, CONSENT TO MEDICAL ATTENTION, AND STATEMENT OF PHYSICAL CONDITION. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION, CONSENT TO MEDICAL ATTENTION, AND STATEMENT OF PHYSICAL CONDITION VOLUNTARILY.**

Player's Printed Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_