

PATRIOT

COMMUNITY SPORTS

Patriot Community Sports

General Agreement/Release/Waiver and Athletic Participation Permission

My child, _____, has the opportunity to participate in organized sports and athletic activities provided or sponsored by Patriot Community Sports. I understand and acknowledge that participation in a recreational activity can be hazardous. Even with coaching and the use of equipment, injuries are a possibility in any sport or athletic activity, and I recognize that on rare occasion, these injuries can be severe as to the result in total disability, paralysis or even death. I hereby assume all risk associated with this activity. I and anyone entitled to act on my behalf waive and release Patriot Community Sports, its co-sponsors, their representatives and successors, and all instructors from all claims and liabilities of any kind arising out of my child's participation in the activity.

1. I assure all risks, including any risks associated with any special medical needs or condition of my child*, of my child's participation in any such sport or activity, including travel incident thereto;
2. I agree that all expenses relating to or arising out of any such injuries or loss of life will be at my financial responsibility and my child and I agree to release, hold harmless and indemnify Patriot Community Sports and its officers, employees and trustees against any and all claims, liabilities, damages and expenses, including reasonable attorney's fees with respect to any injuries, regardless of severity or loss of life relating to or arising out of my child's participation in any such sport or activity.
3. I give Patriot Community Sports permission to take photos and/or video of my child for publication and/or website purposes. Please circle one: YES NO

I/WE HAVE READ THIS AGREEMENT/RELEASE WAIVER CAREFULLY AND UNDERSTAND ITS CONTENTS

Player's Name: _____

Date of Birth: _____

Parent or Legal Guardian Name: _____

Signature of Parent /Guardian: _____

Home phone: _____

Email address: _____

Emergency Contact: _____

Phone Number: _____

Medical Concerns: _____