

PACE ATHLETIC & RECREATION ASSOCIATION aka PARA

ACCIDENT WAIVER & RELEASE OF LIABILITY & MEDICAL TREATMENT AUTHORIZATION

PLEASE PRINT "CHILD" NAME (FIRST MIDDLE LAST)

"CHILD" DATE OF BIRTH MM/DD/YYYY

I acknowledge that the PARA athletic events ("EVENTS") are an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, EVENTS officials and EVENTS monitors, and/or producers of the EVENTS, and lack of hydration. These risks are not only inherent to athletics, but are also present for volunteers. I hereby assume all of the risks of the above listed child, of whom I am the parent or guardian of ("CHILD") participating and/or volunteering in EVENTS. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that the CHILD is physically fit, have sufficiently trained for participation in the EVENTS and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability form will be used by the EVENTS holders, sponsors and organizers, in which the CHILD may participate and that it will govern my actions and responsibilities at said EVENTS.

In consideration of my application and permitting the CHILD to participate in the EVENTS, I hereby take action for myself, the CHILD, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me including my traveling to and from EVENTS. THE FOLLOWING ENTITIES OR PERSONS: Individual sponsoring companies, the Pace Athletic & Recreation Association ("PARA"), their directors, officers, employees, volunteers, representatives, and agents, the EVENTS holders, EVENTS sponsors, EVENTS directors, EVENTS volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in EVENTS, whether caused by the negligence of releasees or otherwise.

I hereby consent for the CHILD to receive medical treatment which may be deemed advisable in the event of injury, accident and or illness while participating in EVENTS.

I understand that at EVENTS or related activities, the CHILD may be photographed. I agree to allow the CHILD's photo, video or film likeness to be used for any legitimate purpose by the EVENTS holders, EVENTS producers, EVENTS sponsors, EVENTS organizers and or assigns.

The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby acknowledge that I have been informed and fully understand that PARA does not provide or make available medical insurance for my children who are participating in sports activities at PARA facilities. The PARA is covered by a liability policy for the PARA premises only. I understand that PARA will not be responsible for medical coverage for injuries due to a sports activity or any other injury on PARA property.

I hereby certify that I have read this document and I understand its content.

PLEASE PRINT PARENT OR GUARDIAN NAME (FIRST MIDDLE LAST)

Father Mother Legal Guardian

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE OF SIGNATURE MM/DD/YYYY

In case of an emergency and in the absence of the child's parent(s) or legal guardian(s), please notify:

Table with 6 columns: RELATIONSHIP TO CHILD, FIRST NAME, LAST NAME, HOME PHONE, MOBILE PHONE, WORK PHONE. Two rows for emergency contact information.