Participation contract

ATHLETIC WAIVER & RELEASE

In consideration of _____, my child/ward, or myself (please circle one), being allowed to participate in any way in the Midwest Rams Youth Sports, athletic sports program(s), sports and recreation programs, Local, Regional, or National related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- The risk of injury to my child/ward, myself, from the activities involved in these programs is significant, including the potential for permanent disability, paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- I, FOR MYSELF, SPOUSE, AND CHILD/WARD, BY MY SIGNATURE BELOW DO, KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for myself, my child/wards', participation; and,
- I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant concern in my child/wards', my own, readiness or, hazard during my presence or participation, and/or in the program itself, I will remove myself, child/ward, from participation and bring such to the attention of the nearest official immediately; and,
- I, for myself, my spouse, my child/ward, and on behalf of my/our heirs, assignee(s), personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Midwest Rams Youth Sports, their officers, directors, officials, volunteers, agents, and/or employees, other participants, sponsoring agencies, tournament host, sponsors, advertisers, partners, and if applicable, owners and lessors 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/wards', my own involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
- I, for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releases from any and all liabilities incident to my child/ward's involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS WAIVER AND 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.

_____ _____ _____/_____/_____

(Parent/Guardian/Adult participant) **Print Name (Parent/Guardian/Adult participant)** **Signature Date**

UNDERSTANDING OF RISK - (Minor Childs Acknowledgment/Understanding of the risk) 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) Print Name **Date**

CONSENT TO TREAT

I Hereby my signature grant permission for myself or my child/ward to participate in any and all, Midwest Rams Youth Sports, program(s) sanctioned event(s), be they official or unofficial, including but not limited to, athletic, social and/or fundraising activities. I further hereby consent to any and all health care providers, authorize any first aid, emergency treatment, including but not limited to transportation to and from health care facilities and/or any medical professional to provide treatment, order injections, hospitalize, give anesthesia or perform surgery which is deemed advisable by and to be rendered under the general or special supervision of any physician and/or surgeon. I understand that this authorization is given prior to any need for medical care, but given to avoid unnecessary delay in emergency treatment which the attendant and/or medical professional may deem advisable in the exercise of best judgment. I presume a reasonable attempt was made to contact me.

_____ _____ _____/_____/_____

(Parent/Guardian/Adult participant) **Print Name (Parent/Guardian/Adult participant)** **Signature Date**

Special circumstances, medical conditions, allergies to medications- Please list all medical and medication information on back of form, INITIAL (_____)

Image Release

In consideration of (Parent/Guardian/Adult Participant)_____ , myself or minor child/ward being allowed to participate in any way in/with the organizations named above, related events and activities, I being legally authorized, do hereby my signature below agree that the organization(s) named above have the unrestricted and exclusive right and permission, free from approval or review, to copyright and use in all media now or hereafter known, including but not limited to, pictures and videos of myself ,or my child/ward which he/she may be included intact or in part for promotion or other commercial use.

I have read and fully understand and agree, INITIAL (____)