

Waiver

Today's Date: _____

Date of Birth: _____

Email Address _____

Age: _____

Name: _____

Phone Number: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Team Name (if Applicable) _____

League: (Ages 17 & Under) Parent/Guardian's Name:

Emergency Phone:

Waiver and Release of Liability

In consideration in being allowed to participate in any way in Lower Valley Athletic Foundation Inc Leagues, tournaments, and/or events acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I KNOWINGLY and FREELY ASSUME ALL SUCH RISKS, both known and unknown. EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OF others, and assume FULL responsibility for my participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
4. I, for myself, and on the behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Lower Valley Athletic Foundation Inc, Verona Borough, there officers, officials, agents and/or employees, other participants, owners and leaser or the premises used to conduct the event (" Releases") WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or lose or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

Image Release

I hereby grant the Lower Valley Athletic Foundation Inc permission to use my likeness in photographs, video recordings or electronic images in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of the organization and will not be returned. I hereby irrevocably authorize the organization to edit, alter, copy, exhibit, publish or distribute these images for purposes of publicizing the organization's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image. I hereby hold harmless and release and forever discharge the organization from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization

I HAVE FULLY READ THIS RELEASE OF LIABILITY, ASSUMPTION OF RISK AGREEMENT AND IMAGE RELEASE FULLY UNDERSTAND ITS TERMS. UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT

Players

Signature _____ Date: _____

For participant of Minority Age (under 18 at the time of registration) this is to certify that I, as a parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and for myself, my heirs, assigns, and next of kin, I release and agree to identify the releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

Parents

Signature _____ Date: _____