Amateur Athletic Waiver And Release of Liability

(Read before signing)

In consideration of being allowed to participate in any way in the program, related events and activities, I, and agree that:	
	is significant, including the potential for permanent paralysis and line may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISH NEGLIGENCE OF THE RELEASEES or others, and assume fu	
3. I willingly agree to comply with the stated and customary term unusual significant hazard during my presence or participation, I attention of the nearest official immediately; and,	· · ·
4. I, for myself and on behalf of my heirs, assigns, personal representations that the Boys & Girls Club of Brattleboro their officer sponsoring agencies, sponsors, advertisers, and, if applicable, ov ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, WHETHER ARISING FROM THE NEGLIGENCE OF THE R	s, officials, agents and/or employees, other participants, oners and lessors of premises used to conduct the event DISABILITY, DEATH, or loss or damage to person or property,
I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMTERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTAND VOLUNTARILY WITHOUT ANY INDUCEMENT.	MPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS ANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY
X Participant's Signature	ge: Date Signed:
Participant's Signature	
For Participants o (Under age 18 at the tin	• 0
to his/her release as provided above all the Releasees, release and agree to indemnify and hold harmless the	Releasees from any and all liabilities incident to my ograms as provided above, EVEN IF ARISING FROM
<i>X</i>	Phone: Date Signed:
Parent/Guardian's Signature	
In case your child is injured while at The Club please obtain medical treatment for your child. All attempts	sign below giving the staff permission to transport and will be made to contact parent/guardians.
I give the staff of the Boys& Girls Club of Brattleb	oro permission to transport
to the appropriate medical facility and for that me	dical facility to treat
	Date signed:
Parent/ Guardian signature	