



**STUDENT/PARENT ATHLETIC WAIVER
& RELEASE OF LIABILITY**

I, _____, AS AN INDIVIDUAL, HAVE THE RIGHT TO USE AND ENJOY THE ABOVE FACILITIES, IN ACCORDANCE WITH THE RULES AND REGULATIONS NOW IN EFFECT OR AS THEY MAY HEREAFTER BE AMENDED. EFFECTIVE FROM NOVEMBER, 2011 – JUNE, _____ (LIST ANTICIPATED YEAR OF HIGH SCHOOL GRADUATION). I AGREE TO INDEMNIFY AND HOLD HARMLESS FROM LIABILITY WEST COUNTY HEATH & FITNESS, WEST JAMES-ST. CHARLES, JEWISH COMMUNITY CENTER (JCC), JEWISH FEDERATION, VETTA SPORTS CONCORD, VETA LLC, MISSOURI ATHLETIC CLUB, BALLY TOTAL FITNESS, CITY OF ST. ANN, ST. ANN COMMUNITY CENTER, USA RACQUETBALL, THE MISSOURI HIGH SCHOOL RACQUETBALL ASSOCIATION, THE MISSOURI RACQUETBALL ASSOCIATION, _____ HIGH SCHOOL, AND THE _____ SCHOOL DISTRICT, THEIR OFFICERS, DIRECTORS, OR SPONSORS, ADULT COACHES OR SUPERVISORS, THE LESSORS, FROM ANY INJURY TO MY BODY OR PROPERTY INCURRED IN TRANSIT TO OR FROM THE ABOVE MENTIONED FACILITIES OR WHILE PLAYING ON THE COURTS FOR ALL LEAGUE ACTIVITIES OVER THE DURATION OF MY HIGH SCHOOL RACQUETBALL INVOLVEMENT. IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN ANY USA RACQUETBALL ATHLETIC/SPORTS PROGRAMS, AND RELATED EVENTS AND ACTIVITIES, THE UNDERSIGNED:

- 1. AGREE THAT PRIOR TO PARTICIPATING, THEY WILL INSPECT THE FACILITIES AND EQUIPMENT TO BE USED, AND IF THEY BELIEVE ANYTHING IS UNSAFE, THEY WILL IMMEDIATELY ADVISE THEIR COACH, SUPERVISOR, OR USA RACQUETBALL PERSONNEL OF SUCH CONDITION(S) AND REFUSE TO PARTICIPATE.
- 2. ACKNOWLEDGE AND FULLY UNDERSTAND THAT EACH PARTICIPANT WILL BE ENGAGING IN ACTIVITIES THAT INVOLVE RISK OF SERIOUS INJURY, INCLUDING PERMANENT DISABILITY AND DEATH, AND SEVERE SOCIAL AND ECONOMIC LOSSES WHICH MIGHT RESULT NOT ONLY FROM THEIR OWN ACTIONS, INACTIONS OF NEGLIGENCE BUT THE ACTIONS, INACTIONS OR NEGLIGENCE OF OTHERS, THE RULES OF PLAY, OR THE CONDITION OF THE PREMISES OR OF ANY EQUIPMENT USED. FURTHER, THAT THERE MAY BE OTHER RISKS NOT KNOWN TO US OR NOT REASONABLY FORESEEABLE AT THIS TIME.
- 3. ASSUME ALL THE FOREGOING RISKS AND ACCEPT PERSONAL RESPONSIBILITY FOR THE DAMAGES FOLLOWING SUCH INJURY, PERMANENT DISABILITY OR DEATH.
- 4. RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE USA RACQUETBALL, ITS AFFILIATED CLUBS, REGIONAL SPORTS ORGANIZATIONS, THEIR RESPECTIVE ADMINISTRATORS, DIRECTORS, AGENTS, COACHES, AND OTHER EMPLOYEES OF THE ORGANIZATION, OTHER PARTICIPANTS, SPONSORING AGENCIES, SPONSORS, ADVERTISERS, AND, IF APPLICABLE, OWNERS AND LESSEES OF PREMISES USED TO CONDUCT THE EVENT, ALL OF WHICH ARE HEREINAFTER REFERRED TO AS "RELEASEES" FROM ANY AND ALL LIABILITY TO THE SIGNATOR ON THE OPPOSITE SIDE OF THIS FORM, HIS OR HER HEIRS AND NEXT OF KIN FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES ON ACCOUNT OF INJURY INCLUDING DEATH OR DAMAGE TO PROPERTY, CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE. THE UNDERSIGNED HAS READ THE PRECEDING WAIVER AND RELEASE, WITH THE UNDERSTANDING THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING, AND DO SO VOLUNTARILY.

I AUTHORIZE THE MISSOURI HIGH SCHOOL RACQUETBALL ASSOCIATION TO PHOTOGRAPH ME AND ACKNOWLEDGE THAT ALL PHOTOGRAPHS BECOME THE PROPERTY OF THE MISSOURI HIGH SCHOOL RACQUETBALL ASSOCIATION AND WILL BE USED EXCLUSIVELY FOR PROGRAMS AND ADVOCACY EFFORTS OF THE MISSOURI HIGH SCHOOL RACQUETBALL ASSOCIATION.

ON RARE OCCASIONS, AN EMERGENCY REQUIRING HOSPITALIZATION AND OR SURGERY DEVELOPS. SINCE MINORS MAY NOT, AS A RULE, BE ADMINISTERED AN ANESTHETIC OR BE OPERATED UPON WITHOUT THE WRITTEN CONSENT OF THE PARENT OR GUARDIAN, IT IS REQUESTED THE PARENTS OR GUARDIANS SIGN THIS STATEMENT. EVERY EFFORT POSSIBLE WILL BE MADE TO CONTACT THE PARENTS OR GUARDIANS IF SUCH TREATMENT IS DEEMED NECESSARY. THIS IS TO PREVENT ANY SERIOUS DELAY IN THE CASE AN EMERGENCY DOES OCCUR AN IN THE EVENT WE ARE UNABLE TO CONTACT THE PARENTS OR GUARDIANS.

IN THE EVENT OF INJURY OR ILLNESS TO _____ (NAME OF PARTICIPANT) BORN ON _____ (DATE OF BIRTH) I HEREBY AUTHORIZE APPROPRIATE MEDICAL STAFF TO ADMINISTER WHATEVER IS DEEMED NECESSARY AT _____ HOSPITAL.

 (DATE) (STUDENT'S SIGNATURE) (PARENT'S NAME) (PARENT'S SIGNATURE)

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| Please list two people to contact in case of emergency (include yourself). | | | |
| 1) NAME _____ | RELATIONSHIP _____ | PHONE _____ | |
| ADDRESS _____ | ZIP _____ | CELL PHONE _____ | |
| 2) NAME _____ | RELATIONSHIP _____ | PHONE _____ | |
| ADDRESS _____ | ZIP _____ | CELL PHONE _____ | |