

**STUART ATHLETIC CLUB
ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**

Participant Information

Name: _____ Age: ____ M: ____ F: ____ Address: _____ ZIP _____

Parent(s) Guardian(s) (full name) _____

INSURANCE

******The Stuart Athletic Club is NOT providing insurance for participants in any of our programs.**

I am aware that the Stuart Athletic Club is not providing secondary insurance to its participants. _____ (initials of parent/guardian)

Release of Liability

I acknowledge that participating in any athletic event is 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, event officials, and event monitors, and or producer of the event, and lack of hydration. These risks are not only inherent to athletes, but are also present for volunteers. I hereby assume all of the risks of participating and/or volunteering in this event. 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 I am physically fit, have sufficiently trained for participation of the event and have not been advised otherwise by a qualified medical person that I cannot participate. I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holder, sponsors, and organizers (Stuart Athletic Club) in events in which I may participate and that it will govern my actions and responsibilities at said events. I also acknowledge that the Stuart Athletic Club is not providing secondary insurance to its participants.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

1. 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 or my traveling to and from this event, the organizer and the following entities or persons: Their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event directors, event volunteers, and event officials.
2. Indemnify and hold harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of my and any actions during this event.

I am voluntarily participating in team athletics for the Stuart community and have read the eligibility rules and I am not in violation of such rules. 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 certify that I have read this document and I understand its contents.

ENTRANT/PARTICIPANT

DATE

Parent or Guardians for Minors (Under 18 Years of Age)

In consideration of the permission granted to my child/ward by the Stuart Athletic club, to participate in an athletic event, I release the Stuart Athletic Club, The Village of Stuart and Stuart Public School, its agents and employees from all actions, causes of action, damages, claims, or demands which I, my heirs, executors, administrators, or assigns may have against the Stuart Athletic Club and/or Village of Stuart and/or Stuart Public School, and other above described parties, for all personal injuries known or unknown which my child/ward has or may incur by participating in the above described activity. **I am aware of the nature of the athletic activities involved and I hereby assume responsibility for myself and/or child/ward to participate.**

The undersigned parent and/or natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

PARENT/GUARDIAN OF PARTICIPANT

DATE