

**RELEASE AND WAIVER OF LIABILITY,
ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**

Team Mascoutah VBC

Printed Name of Participant: _____ Date Of Birth: ____/____/____

Address: _____
Street City State ZIP Code

Cell #:(____) _____ Emergency #:(____) _____ E-mail: _____

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT
("AGREEMENT")**

IN CONSIDERATION for being permitted to participate in any activity organized and operated by **Team Mascoutah VBC**, I agree and acknowledge that I understand as follows:

The nature of the activities organized and operated by **Team Mascoutah VBC** involve athletic training and competition and in order to participate I must be in good health and proper physical condition. I understand that it is my obligation to inform **Team Mascoutah VBC** of any physical, mental or other conditions which in any way affect my ability to participate in such activities or which may in any way affect anyone who is competing with or against me **BEFORE** attempting to engage in such activities I further agree and warrant that if at any time during my participation in the activities, I become aware that my physical, mental or other condition changes, or if I believe the activities or conditions to be unsafe, I will immediately discontinue further participation in the activities and take whatever action is necessary to ensure my health and safety as well as that of the other participants in the activity.

I further **UNDERSTAND AND ACKNOWLEDGE** that my participation in these activities involves the risk and danger of serious bodily injury to me including permanent disability, paralysis, and even death. I understand that injury to me may occur accidentally or may be caused by my own actions, inaction, inattention or negligence, or the actions, inaction, inattention or negligence of other participants or non-participants. I am aware that if I am injured there may be damages or economic losses, even those not known to me nor readily foreseeable at this time, which may result of my participation in these activities.

With **FULL KNOWLEDGE AND UNDERSTANDING** of the risks involved in my participation in the activities organized and operated by Team Mascoutah VBC. I hereby **RELEASE, DISCHARGE, and COVENANT NOT TO SUE Team Mascoutah VBC** its agents, administrators, directors, officers, members, volunteers, and employees, other participants, sponsors, advertisers **from all liability, claims, demands, losses or damages of any kind which I may sustain or incur as a result of my participation in or attendance at any activity covered by this Agreement. I fully accept and assume all risks and all responsibility for any and all injuries, losses, costs and damage which I may sustain while engaged in such activities.**

I **FURTHER AGREE** that if I, or anyone on my behalf, makes a claim against TEAM MASCOUTAH VBC, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS TEAM MASCOUTAH VBC from all litigation expenses, attorney fees, loss, liability, damage, or costs which TEAM MASCOUTAH VBC or any facility may incur as the result of such a claim.

MINOR RELEASE (For Participants under age of 18):

I am the parent or legal guardian of the above minor participant, and I am aware of and hereby acknowledge the risks and responsibilities set forth in this Release. I hereby consent to the attendance and participation of said minor in the activities organized and operated by TEAM MASCOUTAH VBC. Furthermore, on behalf of myself and said minor, I accept all of the terms of this Release and waiver of Liability, Assumption of Risk and Indemnity Agreement as it applies to TEAM MASCOUTAH VBC and the above named facilities.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Participant's Signature (regardless of age): _____ Date: _____

Printed Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

(if Participant is under age 18)