

**WOODMONT YOUTH ASSOCIATION
WAIVER OF LIABILITY, MEDICAL RELEASE, AND INDEMNIFICATION AGREEMENT**

I hereby voluntarily permit my child, _____, to participate in the
(Please Print Child's Name)
Woodmont Youth Association's activities/functions.

I UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISKS INVOLVED IN SPORTS, AND THAT ACCIDENTS AND INJURIES ARE COMMON AND ARE ORDINARY OCCURRENCES OF SPORTS. I HEREBY AGREE TO ACCEPT ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE.

_____ Initial Here

As consideration for being permitted by the Woodmont Youth Association to participate in this activity, I hereby release and hold harmless The Woodmont Youth Association and its affiliated designated coaches, program officials and supervisors from all liability, and from all actions or claims that I or my child now or hereafter have for damage or injury to my child, or to any person or property, resulting from the negligence or other acts of any volunteers in connection with my child's participation. I further agree that this waiver, release and assumption of risks are to be binding on the heirs and assigns of the undersigned.

I further agree to indemnify and to hold Woodmont Youth Association (its officers, coaches and volunteers) free and harmless from any loss, liability, damage, cost or expense which they may incur because of any injury and/or property damage that I or my child may cause or sustain while participating in this activity.

In case of a medical emergency, I hereby give permission to Woodmont Youth Association and Volunteers to order treatment for my child, including any necessary medical treatment and x-rays. I also hereby give permission to Woodmont Youth Association and Volunteers to disclose the information contained on the Emergency Medical Card to medical personnel. I understand that an attempt will be made to reach me by phone when a diagnosis is completed. I agree to pay all medical, hospital, or other expenses which my child or I may incur because of such treatment.

Woodmont Youth Association does not disclose your nonpublic personal medical and financial information, except as required or permitted by law. The Woodmont Youth Association does provide insurance on a case by case basis for athletes only. Our insurance(s) do not cover parents, relatives, siblings, and or personal property.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND WOODMONT YOUTH ASSOCIATION AND SIGN IT OF MY OWN FREE WILL.

Parents Signature

Date