



Joining Hands To Make A Difference

S.T.A.R. ASSUMPTION OF RISK/WAIVER OF LIABILITY (ADULT ON BEHALF OF A MINOR CHILD) PLEASE READ BEFORE SIGNING

There are risks involved in this activity and/or the activities that your child participates in through the S.T.A.R. program. Your child need not participate. It is your/your child's choice whether he/she participates in these activities and to what level. Our philosophy is "Challenge By Choice," which means you and your child *selects* the degree of challenge (if any) to which your child will be exposed. However, in order for your child to participate at any level in these activities you must sign this document and your signature hereon forever waives your right and your child's right to sue S.T.A.R. (and its directors, staff, employees, volunteers, therapists and other contracted parties) for any and all harm or injuries your child may suffer that arise out of their participation in any activities through the S.T.A.R. program.

Acknowledgement of Risk

I acknowledge that there are risks and hazards in any or all of the activities in which my minor child and I have chosen for my minor child to participate in through the S.T.A.R. program. These risks include, but are not limited to, falling; equipment failure; interference from other activities in the vicinity; and rigorous physical activity and exhaustion. The activity or activities in which my minor child and I have chosen for my child to participate in may include physical challenges which may place unusual demands on my minor child's bodily systems. I acknowledge that this is not an exhaustive list of the risks or hazards my minor child may encounter and that my minor child may encounter unforeseen situations.

Certification of Fitness

I certify that my minor child is completely healthy (both physically and emotionally) and capable of participating in the activity or activities. I have listed below any medical conditions that S.T.A.R. should be aware of which may hinder my minor child's participation in the activity or activities selected. However, I understand that it is solely my responsibility to determine whether there is any medical reason that my minor child should not participate in the selected activity.

DOES THE PARTICIPANT FOR WHOM YOUR ARE SIGNING HAVE ANY MEDICAL CONDITIONS THAT S.T.A.R. SHOULD BE AWARE OF THAT MAY HINDER HIS/HER PARTICIPATION? NO _____ YES _____. If yes please explain:

Waiver of Waiver of Liability

In order that my minor child may participate in any of the activities through the S.T.A.R. program, I hereby forever release and waive my right (and my child's right) to sue S.T.A.R. (including its directors.

staff, employees, therapists and other contracted parties) for any and all harm or injuries my minor child may suffer now or in the future arising out of my minor child's participation in any activities through the S.T.A.R. program. I understand that by signing this document, any and all liability of S. T.A.R. (including its directors, staff employees, therapists and other contracted parties) to myself and my minor child for any injuries my minor child may suffer now or in the future arising out of my minor child's participation in any of the activities through the S.T.A.R. program will be forever extinguished, waived and released.

I, THE UNDERSIGNED, HAVE READ, UNDERSTAND AND ACCEPT THE TERMS OF THIS ACKNOWLEDGEMENT OF RISK/WAIVER OF LIABILITY FORM. I FURTHER ACKNOWLEDGE THAT NO ORAL REPRESENTATIONS CONCERNING THIS DOCUMENT HAVE BEEN MADE TO ME AS AN INDUCEMENT TO SIGNING THIS DOCUMENT.

NAME OF PARTICIPANT (PLEASE PRINT)

_____ AGE _____.

ADDRESS _____ CITY _____ STATE _____

ZIP _____.

HOME PHONE (____) _____. Cell PHONE (____) _____

IN THE CASE OF EMERGENCY PLEASE CONTACT:

NAME _____ PHONE (____) _____

Signature of Parent or Guardian: _____

DATE _____

Photo Release

Nantucket Sports and Therapeutic Accessible Recreation (S.T.A.R) relies solely on grants and donations to fund their programs, therefore, occasional photos will be taken throughout our programs which may be utilized for promotional purposes and on social media to raise awareness and document the activities that Nantucket S.T.A.R. is offering to the community.

By signing this, you agree that your child, _____ may be included in these promotional photographs.

Parent Signature

Date

