

LTMS Dodgeball Waiver Form

Friday, February 21st, 2020

6-9 pm

PARTICIPANTS NAME: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

EMERGENCY CONTACT: _____ EMERGENCY PHONE: _____

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISKS

Please read this information carefully and be aware that in signing up and participating in this program/activity, you will be expressively assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child might sustain as a result of participating in any and all activities connected with this program/ activity.

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any injuries, damages, or loss, regardless of the program/activity, that my minor child/ ward or I may sustain as a result of participating in any and all activities connected with or associated with this program/ activity. I further agree to waive and relinquish all claims my minor child/ward or I may have (or accrue to me or my child/ward) as a result of participating in this program/activity at Lexington Trails Middle School, including their officials, agents, affiliates, volunteers, employees, and sponsors.

I do hereby fully release and forever discharge Lexington Trails Middle School, including their officials, agents, affiliates, volunteers, employees, and sponsors, and all claims for injuries, damages or loss that my minor child/ward or I may have, or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

PRINT NAME (Parent) :

SIGNATURE (Parent): DATED: ____/____/____
