



WAIVER – AWARENESS & ASSUMPTION OF RISK

I recognize that participation in activities of this organization may involve certain hazards. I understand that I should not participate unless medically able and that I must inform the coaches of the New West Spartans of my or my child’s physical and medical concerns, if any. Where medical concerns exist, written doctor’s permission must be provided to the Club. I assume the risk associated with the involvement in these activities.

In consideration of your accepting myself/my child for the New West Spartans Track & Field Club during the dates January 15 – November 20, 2024, I forever release and discharge the New West Spartans Track & Field Club, its members, directors, officers, coaches, employees and agents (collectively “The Club”) from any and all actions, damages, claims, demands, costs and expenses whatsoever which might arise by reason of travelling to or from or participating in training sessions of competitions, whether or not such action originates by the negligence of any of The Club.

Date: _____

Applicant Name: _____

Applicant Signature: _____

Applicant Address: _____

Applicant Email Address: _____

Applicant Phone Number: _____

If applicant is under 19:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____