



## WAIVER - AWARENESS AND 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 New West Spartans of my/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 \_\_\_\_\_ 2018, I forever release and discharge the New West Spartans Track and 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 traveling to or from or participating in training session or 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: \_\_\_\_\_