

SPORTS WAIVER

CHILD'S NAME _____ SPORT _____

Read the following carefully and sign below. NOTE: Parents signs if student is under 18 years of age.

Athlete Membership Agreement and Information Club Waiver and Release Form

Fill in all blanks, submit form for current year's sports area. One form signed will cover all sports leagues and gymnastics.

AGREEMENT

In consideration of my membership in Girls Incorporated, and my participation in Girls Inc. classes, events, and activities, I agree to be bound by each of the following:

1. **Eligibility:** I agree to comply with the rules of Girls Incorporated.
2. **Medical Attention:** I hereby give my consent to Girls Incorporated and/or the Host Organization to provide, through a medical staff of its choice, customary medial/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation.
3. **Readiness to Participate:** I will only participate in those Girls Inc. classes, events, competitions, and activities for which I believe I am physically and psychologically prepared. Prior to participation, I will have practiced my exercises and will perform only those exercises that I have accomplished to the degree of confidence necessary to assure I can perform them by myself, and without injury.
4. **Waiver and Release:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in sporting activities and events. Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions. Girls Incorporated, its coaches, other staff members, Board of Trustees, and volunteers will not accept responsibility for injuries sustained by any student during the course of any sporting event. Or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Girls Incorporated of Shelbyville/Shelby County. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against Girls Incorporated and or its representatives whether paid or volunteer.

I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage that I consider adequate for both my child's protection and my own protection.

I also understand that it is the parents' responsibility to warn the child about the dangers of sports and injury. The parent should warn the child according to what the parent feels is appropriate. Girls Incorporated of Shelbyville/Shelby County will only warn the child through "Safety Messages" and our teaching style and progressions.

Primary Medical Insurance: I am covered by a primary health/medical/accident insurance through:

Parent or Guardian Signature: _____ Date _____

