

**Please bring
this form with
you on May 18**

**DISABLED SPORTS USA'S CHAPTERS/AFFILIATES
INSURANCE WAIVER AND RELEASE OF LIABILITY FOR
DON ALLEN WILDWOOD SPORTS ALLIANCE AT WILDWOOD, TEXAS
May 18, 2024**

**Do not
Mail in this
form**

Participant arm Band color (RED) Caregiver arm Band color Blue No. Registered on this form

In consideration of being allowed to participate in any way in Don Allen Wildwood Sports Alliance (hereinafter "the Alliance") programs, related events and activities, **I, the undersigned, and/or the minor participant, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin:**

1. Agree that prior to participating, I will inspect, or if parent and/or legal guardian, I will instruct the minor participant to inspect, the facilities and equipment to be used; and if I believe to the best of my ability that anything is unsafe, I and/or the minor participant will immediately advise the Alliance of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/or the minor participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe economic losses which might result only from my own actions, inactions, or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks, not known to me or not reasonably foreseeable at this time.
3. Assume all foregoing risks and accept personal responsibility for any damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue POINT, WPOA, DAWS Alliance, The Disabled Sports USA, its affiliate clubs, their representative administrators, directors, agents, coaches, and other employees/volunteers of the organization(s), other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as Releases, from demands, losses or damages on account of injury, including death or damage to property caused or alleged to be caused in whole or in part by negligence of the releasee or otherwise.
5. I also give permission for my picture to be taken and used in promotion of this event.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

Participant's Name (Please Print) **Participant's Signature** **Date**

Address **City** **State** **Zip**

Home Phone **Work Phone** **Fax** **Email**

Birth Date **Age** **Disability (optional)** **Date of Injury or Onset (if app)**

Name of siblings, family or anyone with the participant

FOR PARENTS OR GUARDIANS OF MINORS:

This is to certify that I, as parent/guardian with legal responsibility for the participant, siblings, and family do consent and agree to his/her release, as provided for above, of the releases; and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities related to my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THEIR NEGLIGENCE.**

Parent/guardian Signature and Emergency Phone **Print Name** **Date**

FOR CAREGIVER OF PARTICIPANT:

This is to certify that I, as caregiver for the participant, do consent and agree to his/her release, as provided for above, of the releases; and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities related to the minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THEIR NEGLIGENCE.**

Signature of Caregiver(s) **Print Name** **Date**