

# **SLO Town Track Club**

## **Participant Consent, Assumption of Risk and Waiver of Liability**

Name of Athlete: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian Email(s): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

In consideration of Athlete being able to participate with the SLO Town Track Club ("SLOTTC") in any way, including clinics, camps, practices, meets or other activities (collectively, "Events") I, the undersigned parent or legal guardian of the above-named Athlete, a minor, AGREE on behalf of myself, Player and our heirs, assigns and next of kin:

1. **CONSENT.** I authorize each of the coaches, team parents, and/or other employees, officials or volunteers of SLOTTC to act as my agent in the capacity of activity supervisors and vehicle drivers. **I authorize each of them as well as the above-identified Emergency Contact to consent to medical, surgical or dental examination and/or treatment of the Athlete.** I consent to SLOTTC to taking photographs, video recordings, and/or sound recordings of the Player and myself in documenting the activities of SLOTTC's programs. I grant SLOTTC permission to use the negatives, prints, motion pictures, video/audio tapings, or any other reproduction of the same for SLOTTC educational and promotional purposes in manuals, on flyers, on the world wide web, or in other publications.

2. **ASSUMPTION OF RISK.** I acknowledge that participation in Events, necessarily involves travel, play in adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including, bruises, scrapes, strains, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. **I WILLINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS.**

3. **RELEASE OF LIABILITY. I HEREBY RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS,** to the fullest extent permitted by law, SLOTTC, its athletes, employees, directors, volunteers, officials, sponsors and other representatives and any and all owners, lessors, lessees or other persons or entities allowing, permitting or authorizing the use of fields and facilities by SLOTTC (including, San Luis Obispo Unified School District), clubs (including USATF and AAU) and the agents, employees, officers and directors of those entities ("RELEASEES") from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to an injury or other damage that may result to Athlete or to members of my family or my household or individuals I invite or for whom I am otherwise responsible while participating in or present at any of the Events, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.**

If any portion of this Consent, Assumption of Risk and Waiver of Liability is deemed to be invalid, the remainder will continue in full legal force and effect.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_