



AMATEUR ATHLETIC MINOR WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the Seabird Island Band baseball/soccer program, and related events and activities, the undersigned:

1. Agrees that the parent(s), and/or legal guardian(s), will instruct the minor participant that prior to participating, he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his team manager or supervisor of such condition and refuse to participate.
2. ACKNOWLEDGES AND FULLY UNDERSTANDS that each participant will be engaging in ACTIVITIES THAT INVOLVE RISK OF SERIOUS INJURY, INCLUDING PERMANENT DISABILITY AND DEATH, and severe social and economic losses might result not only from their own actions, inactions, or negligence, but the action, inaction, or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, there may be other risks not know to us or not reasonably foreseen at this time.
3. ASSUMES ALL OF THE FOREGOING RISK AND ACCEPT PERSONAL RESPONSIBILITY FOR THE DAMAGES following such injury, permanent disability or death.
4. RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE Seabird Island Band its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereafter referred to as "releases", from any and all liability to each ot the undersigned, his or her heirs and next-of-kin for any and ALL CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON ACCOUNT OF INJURY, INCLUDING DEATH OR DAMAGE TO PROPERTY, CAUSED OR ALLEDGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND WE HEREBY SIGN IT VOLUNTARILY.

Parent or Guardian (Signature/Relation) _____ Date: _____

Parent or Guardian (Signature/Relation) _____ Date: _____

Printed Name of Parent(s) or Guardian(s) _____

Printed Name of Participant _____

Address of the Participant _____

Name of the Organization _____