



# Participant Waiver

## Family Information

Head of Household: \_\_\_\_\_  
Last First Birthdate

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Residency: Brighton Twp Green Oak Twp Other: \_\_\_\_\_

## Family Member

Participant Information: \_\_\_\_\_ Birthdate: \_\_\_\_\_ M / F  
First Last

Program(s) 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

T-Shirt Size  
YXS YS YM YL AS AM AL AXL

*Medical Issues/Allergies*

## Family Member

Participant Information: \_\_\_\_\_ Birthdate: \_\_\_\_\_ M / F  
First Last

Program(s) 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

T-Shirt Size  
YXS YS YM YL AS AM AL AXL

*Medical Issues/Allergies*

## Family Member

Participant Information: \_\_\_\_\_ Birthdate: \_\_\_\_\_ M / F  
First Last

Program(s) 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

T-Shirt Size  
YXS YS YM YL AS AM AL AXL

*Medical Issues/Allergies*

## ARE YOU INTERESTED IN COACHING?

Have You Coached with SELCRA previously? Yes \_\_\_\_\_ No \_\_\_\_\_ A Background Check is Required.

Best Phone: \_\_\_\_\_ Email: \_\_\_\_\_



# Participant Waiver

## **PARTICIPANT(S) WAIVER:**

In consideration of being allowed to participate in any way with the Southeastern Livingston County Recreation Authority sports programs, related events and activities, the undersigned acknowledges, appreciates and agrees that:

- 1)** The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist: and,
- 2)** I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for myself// my child's participation; and,
- 3)** I willingly agree to comply with the stated and customary terms and conditions for myself/my child(s) participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4)** I, for myself/my child(s) on behalf of my heirs, assigns, personal representatives and next of kin, HERBY RELEASE AND HOLD HARMLESS SOUTHEASTERN LIVINGSTON COUNTY RECREATION AUTHORITY their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES Or otherwise, to the fullest extent permitted by law; and,
- 5)** My personal insurance will cover all medical costs for any injury incurred by myself/my child; and,
- 6)** In consideration of participation in SELGRA, the undersigned agrees that their likeness, or the likeness of their child/ward, may be photographed or videotaped and that such image may be published in an outlet used to promote or publicize SELGRA; and,
- 7)** I hereby grant consent to any and all health care providers designated by SELGRA to provide myself/my child(s) necessary medical care as a result of any injury/illness. This consent includes First Aid and transportation to/from health care providers.
- 8)** I understand and agree that this release includes any claims regarding the actions, omissions, or negligence of SELGRA, its directors, organizers, coaches, sponsors, manager, attorneys, employees, or any other appointed supervisor, regarding Communicable disease exposure, whether a Communicable disease infection occurs before, during, or after participation or attendance at any SELGRA event .

***I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.***

This is to certify that I, as a participant or the parent/guardian of a participant with legal responsibility for above participant(s), do consent and agree to his/her release as provided above of all Releasees, and for myself/my child(s), heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to myself/ my minor child's involvement or participation in these programs as listed above.

**X:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**Date Processed:** \_\_\_\_\_ **Amount Paid:** \_\_\_\_\_ **Cash/Charge/Check #:** \_\_\_\_\_ **Staff Initial:** \_\_\_\_\_

***STAFF Notes:***