

**WAIVER AND INDEMNIFICATION AGREEMENT
BARNABAS ATHLETIC ASSOCIATION
SPORTS PROGRAMS**

Name of **Participant** (Child): _____ (PRINT LEGIBLY)

Name of **Parent or Legal Guardian**: _____ (PRINT LEGIBLY)

I represent that I am the custodial parent or legal guardian of the above child, who is participating in the Barnabas Athletic Association sports program. In order that the child may participate in the program, I as the custodial parent/legal guardian of this child freely and voluntarily sign this Waiver and Indemnification Agreement.

I understand that there is inherent danger in participating in any athletic activity. I understand that by permitting my child to participate in this program, he/she may suffer or cause damage to or destruction of her/his property and or the property of others. I understand that physical injury could and may include permanent disability, paralysis, disfiguration or even death.

I hereby waive, release and forgive discharge any and all claims for any personal injury (including death), property damage or other loss, which I may have against Barnabas Athletic Association, its Officers, Directors, employees or agents, or any other persons, corporations or entities connected with or participating in the sports program here.

Further, I agree to indemnify and hold harmless Barnabas Athletic Association, it's Officers, Directors, employees or agents, or any other persons, corporations or entities connected with or participating in the sports programs from and against all claims, lawsuits, liabilities, losses, damages and expenses of every kind whatsoever resulting from any negligence, fault or lack of due care, or from any other cause whatsoever, which are related in any way to the child's participation in the sports programs under the Barnabas Athletic Association.

By signing this waiver, I give my permission to the Barnabas Athletic Association to use my child's photograph in publications of the association. Publications may include information and public relations materials such as: slide presentations, newspaper articles, newsletters and our website (www.barnabasathletics.com), etc. This release is in effect until such time as I request in writing that I want to discontinue the use of my child's photograph.

This waiver and Indemnification Agreement shall be binding upon my heir, executors, administrators, successors and assigns.

I have read this Waiver and Indemnification Agreement and fully understand its terms. I freely sign it and permit the child to participate in the sports programs under Barnabas Athletic Association.

Date: _____
Cheektowaga, New York, USA

Signature of Custodial Parent or Legal Guardian

MEDICAL INFORMATION (List any medical conditions or physical/medical restrictions the child has):

EMERGENCY CONTACTS & TELEPHONE NUMBERS:

DOCTOR: _____
HOSPITAL PREFERENCE: _____
PARENTS NAMES: _____
MEDICAL INSURANCE: _____

I hereby give my consent for all medical care and/or surgery prescribed by a duly licensed doctor or medicine for (child's name): _____ as her/his parent or legal guardian. This treatment may be given under whatsoever conditions are necessary to preserve the life, limb or well-being of my dependant.

SIGNATURE

RELATIONSHIP

DATE