

STUDENT ATHLETICS PARTICIPATION WAIVER

ASSUMPTION OF RISK AND RELEASE OF ALL CLAIMS

STUDENT

Name: _____ Grade: _____ Activity: _____

I am aware playing or practicing to play/participate in any sport can be a dangerous activity involving many risks of injury. I do understand that the dangers and risks of playing or practicing any sport include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, other aspects of my body, general health and well-being. I understand that the dangers and risks of playing or practicing to play/participate in any sport may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participating in the above intramural or interscholastic athletic activity, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, and agree to obey such instructions.

In consideration of the Chagrin Athletic Association (hereinafter "CAA") permitting me to engage in all activities related to the sport, including, but not limited to, trying out, practicing or playing/participating in that sport, I hereby voluntarily assume the risk of accident, injury or damage to person or property. Furthermore, I voluntarily release and discharge the Chagrin Athletic Association, its agents, representatives, coaches and volunteers from, without limitation, any and all actions, causes of action, claims, demands, damages, costs, expenses, compensation, and/or suits at law or in equity, on account of or relating to any act or omission by the Chagrin Athletic Association, its agents, representatives, coaches or volunteers. I also agree to defend, indemnify and save the Chagrin Athletic Association harmless from and against any and all liability, actions, causes of action, debts, claims, demands, or suits at law or in equity of any kind and nature whatsoever which may arise, directly or indirectly, by or in connection with my participation in any activity. The terms hereof shall serve as a release for my heirs, estate, executor, administrator, and assignees.

I further acknowledge that if I am participating in basketball, football, wrestling, baseball, lacrosse, or softball, I am aware that they are violent contact sports involving even greater risk of injury than other sports.

In addition, I acknowledge all the regulations and the potential of denial and dismissal from sport participation for violations of CAA policy and/or the expectations and standards of the coach(es).

Date

Signature of Student

THIS FORM MUST BE COMPLETED AND RETURNED TO THE CHAGRIN ATHLETIC ASSOCIATION PRIOR TO THE START OF THE SEASON.

ASSUMPTION OF RISK AND RELEASE OF ALL CLAIMS

PARENT/GUARDIAN

Activity: _____

I, _____, am the parent/legal guardian of _____ (student), now enrolled in grade _____. I have read the warning and release signed by the student and understand its terms. I understand that all sports can involve many risks of injury, including, but not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, other aspects of my child's body, general health and well-being. I understand that the dangers and risks of playing or practicing to play/participate in any sport may result not only in serious injury, but in a serious impairment of my child's future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

In consideration of the Chagrin Athletic Association (hereinafter "CAA") permitting my child to engage in all activities related to the indicated sport, including but not limited to, trying out, practicing, or playing/participating in the indicated sport, I hereby give permission for the student to participate in the aforementioned activities and voluntarily agree, on my own behalf and on behalf of my child to release and discharge the Chagrin Athletic Association, its agents, representatives, coaches and volunteers from, without limitation, any and all actions, causes of action, claims, demands, damages, costs, expenses, compensation, and/or suits at law or in equity, on account of or relating to any act or omission by the Chagrin Athletic Association, its agents, representatives, coaches or volunteers in connection with the indicated activity. I also agree to defend, indemnify and save the Chagrin Athletic Association harmless from and against any and all causes of action, debts, claims, demands, or suits at law or in equity of any kind and nature whatsoever which may arise, directly or indirectly, by or in connection with my child's participation in the indicated activity. The terms hereof shall serve as a release for my heirs, estate, executor, administrator, and assignees, and the heirs, estate, executor, administrator, and assignees of the student, and for all members of our family.

I acknowledge that, if my child is participating in basketball, football, wrestling baseball, lacrosse or softball, I am aware that they are violent contact sports involving even greater risk of injury than other sports. Furthermore, I acknowledge that I have read and will support the policies (rules & regulations) that have been set forth for players participating in the Chagrin Athletic Association sports program(s).

In addition, I acknowledge all the regulations and the potential of denial and dismissal from sport participation for violations of CAA policy and/or the expectations and standards of the coach(es).

Date

Signature of Parent/Legal Guardian*

Date

Signature of Parent/Legal Guardian*

***Both parents must sign unless only one has legal custody.**

THIS FORM MUST BE COMPLETED AND RETURNED TO THE CHAGRIN ATHLETIC ASSOCIATION PRIOR TO THE START OF THE SEASON.