

Waiver of Liability

Participants' Name \_\_\_\_\_

This is an important legal document. Read carefully before signing.

In consideration of participation in the All Comers Meet - Pole Vault Event at Natomas High School. I for myself, my heirs, my executors, my administrators, my trustees, and any and all successor in interest, fully and forever waive and release any and all rights and claims for any injuries and damages, and covenant not to sue, including but not limited to demands or actions for negligence, premises liability, emotional injury, intentional conduct, resulting in unintended injury or damage tort against, Natomas High School, PAUSATF any of their family members, and or their agents, Natomas High School, Natomas Unified School District, Sacramento County or any employees, principals, directors, agents, members, coaches, managers, affiliates, volunteers, or any representatives acting for or on behalf of any of these entities.

I acknowledge that I am aware of the inherent risks involved in this event, and I voluntarily assume these risks. I attest and verify that I am physically fit and I have sufficiently trained for participation in this event, and that a medical doctor has verified my physical condition.

The specific risks vary, but the risks range from 1) minor injuries such as scratches, bruises, sprain, and embarrassment 2) major injuries such as joint or back injuries, heart attacks, head injuries, and psychological trauma 3) catastrophic injuries including paralysis and death.

I also agree to indemnify and hold all the above mentioned HARMLESS from any and all claims, actions suits, procedures costs, expenses, damages and liabilities, INCLUDING ATTORNEY'S FEES, brought as a result of my involvement in the pole vault clinic/event at Natomas High School.

The undersigned further expressly agrees that the foregoing waiver of liability, assumption of risk agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Should medical treatment for me or my child be necessary, I hereby authorize any physician or supervising personnel to order and conduct medical or surgical procedures as necessary.

I have read this waiver of liability, assumption of risk, and indemnity agreement, full understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

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Signature of Parent/Guardian of Minor    Date    Age    Signature of User    Date

Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Hospital \_\_\_\_\_ Phone Number \_\_\_\_\_

Health and Accident Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Relationship \_\_\_\_\_

Parent or Guardian Telephone number : Home \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

USATF # \_\_\_\_\_