



Liberty High School

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Efa Huckaby, Principal

Samantha Boeger, Assistant Principal - Den 1

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LIBERTY UNION HIGH SCHOOL DISTRICT

Summer Athletic Waiver

Participant's Name:

Date of Birth:

School:

Sport(s):

School Year:

1. Acknowledgment of Risks:

I, the undersigned participant, and my parent(s)/guardian(s) if I am under 18 years of age (collectively, "Releasers"), acknowledge and understand that participation in athletic activities, including but not limited to practices, games, conditioning, and travel to and from events, involves inherent risks, dangers, and hazards that may cause serious injury, including permanent disability, paralysis, or death. These risks include, but are not limited to:

- * Strains, sprains, fractures, dislocations, and other musculoskeletal injuries.
- * Concussions, traumatic brain injuries, and other head injuries.
- * Heat-related illnesses (e.g., heat exhaustion, heat stroke).
- * Cardiac arrest or other cardiovascular events.
- * Allergies and adverse reactions to environmental factors.
- * Injuries resulting from contact with other participants, equipment, or facilities.
- * Loss of control or balance.
- * Lack of proper physical conditioning.
- * Errors in judgment or negligence by coaches, officials, or other participants.
- * Aggravation of pre-existing medical conditions.
- * Exposure to communicable diseases (e.g., COVID-19).

2. Assumption of Risk:

Knowing and understanding these risks, I voluntarily choose to participate in the athletic activities offered by the Liberty Union High School District. I understand that these risks cannot be eliminated without jeopardizing the essential qualities of the athletic activities. I freely and voluntarily assume all risks, both known and unknown, and accept sole responsibility for any injury, illness, damage, loss, or expense that may arise from my participation in these activities.

3. Release and Waiver of Liability:

In consideration for being permitted to participate in athletic activities, I, for myself and on behalf of my heirs,

executors, administrators, personal representatives, and assigns, hereby release, waive, discharge, and covenant not to sue the Liberty Union High School District, its governing board members, employees, officers, agents, coaches, volunteers, and representatives from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any loss or damage to property belonging to me, whether caused by the negligence of the releasees or otherwise, while participating in such athletic activities, or while in, on, or upon the premises where the activities are being conducted, or while traveling to or from said premises.

4. Medical Treatment Authorization:

I authorize the District and its representatives to seek and obtain emergency medical care, including but not limited to transportation to a medical facility, hospitalization, and treatment by licensed medical personnel, for me in the event of an injury or illness during my participation in athletic activities, if I am unable to consent. I understand that I am responsible for all costs associated with such medical care. I agree to inform the District of any medical conditions, allergies, or medications that may affect my participation or require special attention.

6. Parent/Guardian Consent (for participants under 18 years of age):

I, as the parent or legal guardian of the above-named participant, have read and understand the terms of this Waiver and Release of Liability. I consent to my child's participation in the athletic activities and agree to the terms and conditions set forth herein. I further agree to be bound by the terms of this Waiver and Release of Liability on behalf of my child.

I have read this Waiver and Release of Liability, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me. I intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Participant's Signature: _____

Date: _____

Printed Name of Participant: _____

Parent/Guardian Signature (if participant is under 18): _____

Date: _____

Printed Name of Parent/Guardian: _____