ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

Middle School Track & Field Championship

I hereby assume all of the risks of participating in this track and field event, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective equipment or property owned, maintained or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this track and field event. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the organizers of 2024 Middle School Track & Field Championship in which I may participate and that it will govern my actions and responsibilities at said event/track and field meet.

In consideration of my application and permitting me to participate in this 2024 Middle School Track & Field Championship, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A)I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this 2024 Middle School Track & Field Championship. ALL ENTITIES OR PERSONS INCLUDING: Athletic Directors Edge, llc, Waupun School District, all employees and volunteers, Kevin Luedke, and/or all of my own child/athletes coaches, agents, representatives or volunteers, paid workers, athletic trainers, meet officials.

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this waiver from any and all liabilities or claims made as a result of participation in this 2024 Middle School Track & Field Championship, whether caused by negligence or otherwise.

I acknowledge that this 2024 Middle School Track & Field Championship meet may carry with it the potential for death, serious injury, and personal loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event management and lack of hydration/nutrition.

I consent and agree that Athletic Directors Edge, LLC, and/or representatives or volunteers may take photographs of me / my child as a participant during this event and use these within/for promotional purposes. I waive any rights, claims or interest and I understand that there will be no financial or other remuneration.

The accident waiver, release of liability and image release shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT ON MY OWN FREE WILL.

_____

Print Participant's Name and Age

_____

Print and Sign Signature (if under 18 years Parent or Guardian must sign) Date _____

PARENT/GUARDIAN WAIVER FOR MINORS (under 18 years old)

The Undersigned parent and or natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the 2024 Middle School Track & Field Championship meet, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect on lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

_____

Print Participant's Name and Age

_____

PRINT AND SIGN Parent Signature (if under 18 years Parent or Guardian must sign) Date _____