## Minor Waiver/Release RELEASE OF LIABILITY FOR MINOR PARTICIPANTS **READ BEFORE SIGNING**

IN CONSIDERATION OF

IN CONSIDERATION OF	, my child/ward, being allowed to
participate in any way in the	Name Of Minor Child/Ward  FAUVORAUC LAKES of Auvora Athletics  Name Of Your Sports Program, Ex: League Name  ates, and agrees that:
undersigned acknowledges, appreci	ates, and agrees that:
including the potential for per	ward from the activities involved in these programs is significant, manent disability and death, and while particular rules, equipment, and e this risk, the risk of serious injury does exist; and,
SUCH RISKS, both known as	ND CHILD/WARD, I KNOWINGLY AND FREELY ASSUME ALL d unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE ssume full responsibility for my child/ward's participation; and,
participation. If I observe any	th the program's stated and customary terms and conditions for unusual significant concern in my child/ward's readiness for participation will remove my child/ward from the participation and bring such attention ately; and,
and next of kin, HEREBY RE	LLC ? Lakes of Aurora Athletics
sponsors, advertisers, and if ap ("Releasees"), WITH RESPEC damage to person or property	Legal Name Of Your Sports Program, Ex: League Name agents, employees, volunteers, other participants, sponsoring agencies, plicable, owners and lessors of premises used to conduct the event T TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or incident to my child/ward's involvement or participation in these programs, THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the
representatives and next of ki Releasees from any and all lia	child's/ward, and on behalf of my/our heirs, assigns, personal a, HEREBY INDEMNIFY AND HOLD HARMLESS all the above bilities incident to my child's/ward involvement or participation in these of FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
UNDERSTAND ITS TERMS, UND	LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY CRSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.
(PARENT/GUARDIAN SIGNATURE) Date Signed:	(PRINT NAME)
UNDERSTANDING OF RISK	
	isks involved in participating in this program, my personal responsibilities and accept them as a participant.
(PARTICIPANT SIGNATURE) Date Signed:	(PRINT NAME)
NOTE: This is a SAMPLE WAIVER	FORM only. Final wording should be as directed by the insured's counsel, but

must observe the principles represented within the above. This form provided courtesy of K&K Insurance Group.

This signed waiver/release should be kept on file by the sports organization for at least 7 years or possibly longer if the player has been involved in a serious injury.