



VALLEY LIFE ATHLETICS LIABILITY RELEASE, WAIVER & ASSUMPTION OF RISK

I, the undersigned participant and/or parent or legal guardian of the minor participant named below ("Participant"), acknowledge and agree that participation in sports, training, conditioning, and all related activities with Valley Life Athletics involves inherent risks of injury, illness (including but not limited to communicable diseases such as COVID-19), and property damage. I understand that these risks may arise from my own actions or inactions, the actions or inactions of others, the condition of the facilities or equipment, or the negligence of Valley Life Athletics, its directors, officers, employees, coaches, volunteers, agents, sponsors, and representatives (collectively, "Released Parties").

In consideration for allowing the Participant to take part in any Valley Life Athletics programs, events, or activities, I, on behalf of myself, the Participant, and our heirs, assigns, and personal representatives, hereby voluntarily assume all risks and agree to fully release, waive, discharge, and hold harmless the Released Parties from any and all claims, demands, actions, causes of action, costs, expenses, or liability of any kind arising out of or related to the Participant's participation, whether occurring on or off the premises, and whether caused by the ordinary negligence of the Released Parties or otherwise, to the fullest extent permitted by law. I certify that the Participant is physically fit to participate and that I am responsible for consulting with a physician about any medical concerns. I authorize Valley Life Athletics and its representatives to obtain any emergency medical treatment deemed necessary for the Participant and agree to be financially responsible for all associated costs.

I also grant permission for Valley Life Athletics to use photographs, video, and audio recordings of the Participant for legitimate promotional and educational purposes, without compensation.

By signing below, I acknowledge that I have carefully read this Liability Release, Waiver & Assumption of Risk, understand its terms, and sign it freely and voluntarily. I understand that I am giving up substantial legal rights and I agree that this document shall be binding to the fullest extent permitted by law.

Participant Name:

Date of Birth:

Parent/Guardian Name (if minor):

Address:

City, State, Zip:

Primary Phone:

Email:

Sport/Program:

Emergency Contact Information

Emergency Contact Name:

Relationship to Participant:

Medical Conditions / Allergies:

Emergency Contact Phone:

☐ I have read and agree to the terms of this Liability Release & Waiver.

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

Date:

Participant Signature (if 18 or older):