

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration, of being allowed to participate in TOT BASKETBALL CLINIC within The Margate City Recreation Department's athletic/sports/recreation programs and related events and activities during *2018 Season*, the undersigned:

Agrees that prior to participating, the undersigned will inspect the facilities and equipment to be used, and if the undersigned believes anything is unsafe, they will immediately advise their coach or supervisor of such condition (s) and refuse to participate.

Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and social and economic losses which might result from their own actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.

Agrees to assume all the foregoing risks and accept personal responsibility for damages following such injury, permanent disability or death.

Agrees to release, waive, discharge and covenant not to sue the City of Margate nor the Margate City Board of Education, their respective administrators, directors, agents, coaches, and other employees of the organizations, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees," from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.

The Undersigned has read the above waiver and release, understands that he/she has given up substantial rights by signing it and signs it voluntarily.

Child's Printed Name (First & Last)

Signature of Parent/Guardian _____
Date

Relationship of to Above Child? Parent Guardian

Street Address

City _____
Zip Code

You have my permission to video or photograph my child while participating in activities sponsored by the Margate Recreation Department and for these videos or photographs to be used for the advertisement and promotion of Margate Recreation Programs and other Margate City activities.

I am the parent/lawful guardian of the child named herein and I am authorized to execute this release.

Signature _____
Print Name _____
Date