

Waiver Form – GLASA

PARTICIPATION WILL BE DENIED IF THE SIGNATURE OF THE ADULT PARTICIPATING OR PARENT/GUARDIAN OR PARTICIPANT AS WELL AS DATE ARE NOT ON THIS WAIVER.

NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS ALLOWED TO TAKE PART IN ANY TRAINING, COMPETITION, MEETING OR TESTING SESSIONS.

BY SIGNING THIS FORM, THE PARTICIPANT AFFIRMS HAVING READ THE WAIVER.

PARTICIPANT'S NAME: _____ **DATE OF BIRTH:** _____/_____/_____

SPONSORING ORGANIZATIONS: Adaptive Sports USA and Great Lakes Adaptive Sports Association

IN CONSIDERATION of being allowed to participate in any way in the sports and activities of Adaptive Sports USA and Great Lakes Adaptive Sports Association my involvement under the auspices of Adaptive Sports USA and Great Lakes Adaptive Sports Association, this sponsoring organization, I acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis, dismemberment and death and while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist; as well as loss of or damage to property.

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS; both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of others, and assume full responsibility for my participation; and,

3. I, willingly agree to comply with the stated customary terms and conditions for participation. If however, I observe any unusual or necessary hazard during my presence or participation, I will bring such to the attention of the nearest official immediately; and,

4. FOR MY SELF, AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, I HEREBY RELEASE AND HOLD HARMLESS Adaptive Sports USA and Great Lakes Adaptive Sports Association, THEIR OFFICERS, BOARD MEMBERS, OFFICIALS, AGENTS, AND/OR EMPLOYEES ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, PARALYSIS, DISMEMBERMENT, DISABILITY, DEATH, and/or LOSS or DAMAGE TO PERSON OR PROPERTY WHETHER CAUSED BY NEGLIGENCE OR OTHERWISE, EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE and/ or WANTON MISCONDUCT.

5. I, recognize and understand that while Released Parties have undertaken reasonable steps to lessen the risk of transmission of communicable diseases, including but not limited to, COVID-19, in connection with participation in the activities, the Released Parties are not responsible in any manner for any risks related to communicable diseases in connection with Participant's participation in the activities. Specifically, the Undersigned understands that COVID-19 is a highly contagious and dangerous disease, and that contact with the virus that causes COVID-19 may result in significant personal injury or death. The Undersigned is fully aware that participation in the activities carries with it certain inherent risks related to transmission of communicable diseases ("Inherent Risks") that cannot be eliminated regardless of the care taken to avoid such risks. Inherent Risks may include, but are not limited to, (1) the risk of coming into close contact with individuals or objects that may be carrying a communicable disease; (2) the risk of transmitting or contracting a communicable disease, directly or indirectly, to or from other individuals; and (3) injuries and complications ranging in severity from minor to catastrophic, including death, resulting directly or indirectly from communicable diseases or the treatment thereof. Further, the Undersigned understands that the risks of all communicable diseases are not fully understood, and that contact with, or transmission of, a communicable disease may result in risks to the Participant including but not limited to loss, personal injury, sickness, death, damage, and expense, the exact nature of which are not currently ascertainable, and all of which are to be considered Inherent Risks. The Undersigned hereby voluntarily accepts and assumes all risk of loss, personal injury, sickness, death, damage, and expense for the Participant arising from such Inherent Risks. Furthermore, the Undersigned represents and warrants that Participant does not knowingly carry any communicable diseases that may be transmitted during participation in the activities.

PUBLICITY STATEMENT: I **DO NOT** _____ grant permission for pictures taken of participant (taken by individuals; i.e. other participants, parents, etc.) and name of participant to be used by GLASA for the purpose of agency promotion and education. I understand that if I do not initial the "DO NOT" line above, then my picture may be used by the agency in promotional and educational materials, including but not limited to printed materials and online publications.

EMERGENCY TREATMENT PERMISSION: I know that GLASA does not carry medical or accident insurance. My family's own health insurance must assume responsibility in the event of injury. I understand that every precaution is taken to protect the safety of each individual. I agree to emergency treatment by a physician or hospital in the event I cannot be reached or am incapacitated at a time when treatment is necessary.

TRANSPORTATION PERMISSION: I know that GLASA is not a common carrier nor in the business of providing transportation services to the public, acknowledging that there may be special events or programs in which GLASA does provide transportation. I agree to assume the full risk of any injuries, damages or loss, regardless of severity that I may sustain as a result of participating in any and all activities connected or associated with receiving transportation services, including but not limited to injuries, damages and loss arising out of negligent operation of the vehicle. I further agree to waive and relinquish any and all claims that are in any way associated with transportation I may have (or which may accrue to me in the future) against GLASA, including its respective board members, volunteers and employees.

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I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND AM SIGNING IT FREELY AND VOLUNTARILY.

PARTICIPANT'S SIGNATURE

DATE SIGNED

FOR PARTICIPANTS UNDER THE AGE OF 18 AT TIME OF REGISTRATION

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release but also to release and indemnify the Adaptive Sports USA and Great Lakes Adaptive Sports Association from any and all liabilities incident to my minor child's involvement or participation in these programs for myself, my heirs, assigns and next of kin.

PARTICIPANT'S SIGNATURE

DATE SIGNED

PARENT/GUARDIAN'S SIGNATURE

DATE SIGNED

EMERGENCY PHONE NUMBER: _____

Phone: 847-283-0908
Fax: 224-513-5077
www.glasa.org

