

# Hold Harmless Agreement & Liability Waiver

HOLD HARMLESS AGREEMENT and LIABILITY WAIVER: I am the parent or legal guardian of the child or children I am enrolling in the Burlington-Edison Youth Soccer program. I am fully aware that there are inherent risks and dangers which may arise directly or indirectly from my child's participation in this program which include the risk of serious physical injury and death.

I voluntarily choose to allow my child to participate in this program and knowingly assume and accept all risks and hazards associated with such participation. I agree to release, waive, hold harmless, and indemnify the City of Burlington, the Burlington-Edison School District, and Skagit County, as well as their respective employees, elected officials, appointed officers, officials, volunteers, and agents, from any and all claims, suits, actions, or liabilities arising out of my child's participation in the program. These risks include, but are not limited to, injuries that may occur during soccer practices or games such as concussions, sprains, ligament or meniscus tears, stress fractures, heat exhaustion, or other physical injuries, up to and including death, as well as loss of or damage to property. This release applies to any injury or damage sustained as a natural consequence of playing or practicing soccer, except for injuries or damages caused solely by the negligence of the City of Burlington.

This release is binding as to any other person, including family members, heirs and executors. I recognize that I may not release any claim that my minor child may have; however, I accept full responsibility for all medical expenses and claims incurred as result of my child's participation in or travels to and from this program. I also agree to release, hold harmless and indemnify the City of Burlington, the Burlington-Edison School District, and Skagit County, their respective employees, elected officials, appointed officers, officiating staff, volunteers and agents for any claims brought by the minor.

I authorize any necessary emergency medical treatment that might be required for my child in the event of physical injury while participating in this program. I grant full permission to the City of Burlington to use any photographs taken of myself or my child during participation in the program for the purpose of program promotion.

This release shall remain in effect for the duration of the program. My signature below signifies that I have read and understand the LIABILITY RELEASE, and it certifies that I am the PARENT or LEGAL GUARDIAN of the Participant. I grant my full and voluntary consent for my child to participate in this program.

Date: \_\_\_\_\_

Child(ren) Name(s): \_\_\_\_\_

Parent Name (Printed): \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Parent Name (Printed): \_\_\_\_\_ Parent Signature: \_\_\_\_\_