

LIABILITY RELEASE WAIVER

In consideration of being allowed to participate in any activity in the Nocona Youth Sports Association programs, events or activities, the undersigned:

- 1) Agrees that the parent(s), legal guardian(s), or head coach will instruct the minor participant that prior to participating, he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or superior of such condition and refuse to participate.
- 2) Acknowledges and fully understands that each participant will be engaging in activities that involve risk or serious injury, including permanent disability and death, and severe social or economic losses which might result not only from their own actions, inactions, or negligence but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Furthermore, there might be additional risks that we are unaware of or cannot currently be reasonably foreseen.
- 3) Assumes all the foregoing risk and accepts personal responsibility for damages following such injury, permanent disability, or death.
- 4) Releases, waives, discharges and covenants not to sue Nocona Youth Sports Association, its affiliated clubs, their respective administrators, directors, agents, coaches and other employees or volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if the applicable, owners and leasers of the premises used to conduct the event, all of which are hereinafter referred to as "releasee" from any and all claims, 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.

We have read the above Liability Release Waiver and understand the we have given up substantial right by signing it and agreeing to it and sign it voluntarily.

CONSENT/MEDICAL RELEASE

Recognizing the possibly of injury or illness, and in consideration for Nocona Youth Sports Association and its members accepting my child as a player in their programs and activities, I consent to my child participating in the programs and activities. Further, I hereby release, discharge, and otherwise indemnify Nocona Youth Sports Association, its member organizations and sponsors, their employees, volunteers, associated personnel, including the owner or leasers of the facilities utilized for the programs, against any claim by or on behalf of my child as a result of my child's participation in any of their programs.

My child has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the sport programs, practices or

activities. I have provided written notice, which is submitted in conjunction with this release setting forth any specific issue, condition, or ailment, in addition to what is specified in my child player registration form, that my child has or that may impact my child's participation in the programs or activities. I give my consent to have an athletic trainer, paramedic and/or licensed medical doctor or dentist provide my child with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.