

Release of Liability and Assumption of Risk



Please print the required information below:

Last Name: _____ First Name: _____

I, _____ (hereinafter participant), plan to participate with the SOVAH Track Club from May 21, 2018 to July 16, 2018. I have reviewed the team information at <http://www.sovah.org>.

In consideration of being allowed to participate with the SOVAH Track Club and related travel, I/we the undersigned have read and agree to the following terms:

I/we understand and fully recognize the dangers and hazards inherent in this type of activity and any related transportation, as well as the unknown dangers and hazards which may arise in the scope of this activity or related transportation to which the participant may be exposed to during the event. I/we agree to knowingly and voluntarily assume the risks of this activity.

I/we acknowledge that I/we am/are aware that, while participating in this activity, the participant has no obligation to perform or continue any physical activity that causes the participant discomfort or pain, or is beyond the scope of their ability. The participants, heirs, estate, and personal representatives agree to release SOVAH from liability and will hold harmless, release and discharge SOVAH, its employees, board members, agents, students, volunteers and insurers, from and against any and all claims, demands, actions, or causes of actions on account of any damage, personal injury, including death, that may result from participation in this activity.

The right is reserved to withdraw any or all announced parts of the activity, should considerations warrant, also declining to accept or retain participants as members of the activity. In no instance will fees be refunded.

I/we further grant permission to medical personnel and any hospital to render the participant any medical or surgical treatment, in their professional opinion is deemed necessary, if participant or parent/guardian is unable to make that decision themselves. Additionally, I/we acknowledge that participant or their parent/guardian will be responsible for the payment of any such treatment, transportation or surgery.

I/we have read this release, understand it fully, understand that it is legally binding, and agree to be bound by its terms. This release does not apply to gross negligence on the part of SOVAH, its volunteers, or agents.

Permission for Reproduction

I/we hereby grant to Serving our Veterans At Home (hereinafter SOVAH), its legal representatives and assigns, the right and permission to copyright, use, reuse, broadcast, publish, store, manipulate, and retrieve any video, audio, photographic, or electronic reproductions of the student, in conjunction with the student's first name. Additionally, I/we understand that the student's image, along with the student's identity, as used by SOVAH in any advertising campaign, or other use, may result in unwanted attention by third parties or notoriety. I/we furthermore waive any right to inspect or approve the finished reproduction or to lay claim to any benefits derived therefrom. I/we certify that we are the parent or legal guardian of the student and may enter into a contractual agreement and that I/we have read and understand the foregoing before affixing signature(s) below. _____ **Initial here**

Signature of Student

Date

If participant is a minor, parent or legal guardian's signature is required below:

Parent/Legal Guardian Signature

Parent/Legal Guardian Print Name

Phone Number