

ATHLETIC WAIVER and RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the All-comers Clinic and competition, the undersigned:

1. Acknowledge and fully understand that each participant will be engaging in activities that involved risk of injury which might result not only from their own actions, inactions or negligence, but 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 or not reasonably foreseeable at this time.

2. Assume all the foregoing risks and accept personal responsibility for damages following such injury, permanent disability or death.

3. Release waive and covenant not to sue The University of Akron, their respective administrators, directors, coaches and other employees of the organization, other participants, all of which are hereinafter referred to as "releasee" from any and all liability to each of the undersigned, his or her heirs and next of kin for any 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 releasee or otherwise.

I, THE UNDERSIGNED, HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

Event(s): High School Graduation Year

Signature of Athlete .....Printed Name of Athlete .....Date

Address City State Zip

Home Phone Cell Phone E-mail Address

Signature of Parent/Guardian (if needed)/Printed Name of Parent/Guardian.....Date