

MID-AMERICA GAMES FOR THE DISABLED, INC.
Liability Waiver Form

This form must be read and signed before the member is allowed to take part in any sanctioned training, competition, or meeting. **By signing this form, the member affirms having read it.**

Member's Name: _____ Date of Birth: _____

In consideration of and through my involvement in the sports and activities of the USA Boccia, I acknowledge, appreciate and accept that:

1. The risk of injury from the activities involved in membership participation in this program is significant, including the potential for permanent paralysis, dismemberment and death, and while rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; as well as loss or damage to property;
2. I knowingly and freely assume all such risks and assume full responsibility for my participation, and
3. For myself and on behalf of my heirs, assigns, and next of kin, hereby release, hold harmless and promise not to sue the USA Boccia and/or Mid-America Games for the Disabled, Inc., their officers, officials, agents and/or employees, with respect to any and all such injury, paralysis, dismemberment, death and/or loss or damage to property (except in which it is a result of gross negligence and/or willful and wanton misconduct).

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 sign it freely and voluntarily without any inducement.

PARTICIPANT'S SIGNATURE

DATE SIGNED

FOR MEMBERS OF MINORITY AGE
(Under Age 18 at Time of Registration)

This is to certify that I, as parent/guardian with legal responsibility for this member, do consent and agree not only to his/her release, but also to release and indemnify the USA Boccia and/or Mid-America Games for the Disabled, Inc. from any and all liabilities incident to my minor child's involvement or participation in these programs for myself, my heirs, and next of kin.

PARENT/GUARDIAN SIGNATURE

DATE SIGNED

PARENT/GUARDIAN (PLEASE PRINT)

RELATIONSHIP TO MEMBER

AUDIO, PHOTO, VIDEO RELEASE

I give permission for any photograph, video tape reference of myself or any other form of written or audio visual record including any forms of electronic social media access such as Twitter and/or Facebook during my participation in training sessions, competition events or meetings of the USA Boccia and Mid-America Games for the Disabled, Inc. to be used by the USA Boccia and Mid-America Games for the Disabled, Inc..

Member's Signature: _____

Parent/Guardian's Signature: _____