

**DISABLED SPORTS USA'S CHAPTERS/AFFILIATES  
INSURANCE WAIVER AND RELEASE OF LIABILITY FOR  
DON ALLEN WILDWOOD SPORTS DAY AT WILDWOOD, TEXAS**

# \_\_\_\_\_ Arm Band Number

May 17, 2008

# Registered on this form

In consideration of being allowed to participate in any way in POINT/Wildwood AARP programs, related events and activities, **I and/or the minor participant, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:**

1. Agree that prior to participating, I will inspect, or if parent and/or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe to the best of my ability that anything is unsafe, I and/or the minor participant will immediately advise POINT of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/or the minor participant, will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe economic losses which might result only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time. I also give permission for my picture to be taken and used in promotion of this event.
3. Assume all foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue POINT, Wildwood AARP, WPOA, Disabled Sports USA, its affiliate clubs, their representative administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as Releasees, from 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 negligence of the releasee or otherwise.

**I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.**

\_\_\_\_\_  
**Participants Name (Please Print)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

\_\_\_\_\_  
**Home Phone**

\_\_\_\_\_  
**Work Phone**

\_\_\_\_\_  
**Fax**

\_\_\_\_\_  
**Birth Date**

\_\_\_\_\_  
**Age**

\_\_\_\_\_  
**Disability**

\_\_\_\_\_  
**Date of Injury or Onset (if app)**

\_\_\_\_\_  
**Name of siblings, family or anyone with the participant.**

\_\_\_\_\_  
**Name of siblings, family or anyone with the participant.**

**FOR PARENTS OR GUARDIANS OF MINORS**

This is to certify that I, as parent/guardian with legal responsibility for the participant, siblings, and family do consent and agree to his/her release as provided above of the releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THEIR NEGLIGENCE.**

\_\_\_\_\_  
Parent/guardian **Signature** and Emergency Phone  
**(If both parents are present, both need to sign.)**

\_\_\_\_\_  
Print Name and Date

\_\_\_\_\_  
Parent/guardian **Signature** and Emergency Phone

\_\_\_\_\_  
Print Name and Date

**FOR CAREGIVER OF PARTICIPANT**

This is to certify that I do consent and agree to release as provided above of the releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to me or my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THEIR NEGLIGENCE.**

\_\_\_\_\_  
**Signature of Caregiver(s)**

\_\_\_\_\_  
Name and Date