

Parental Consent Form/ Release of Liability, Waiver of Claims, Assumption of Risks

This Parental Consent Form, Release of Liability, Waiver of Claims, and Assumption of Risks is a prerequisite to participation in the Sensational Programming. It must be read and signed by the Parent/Guardian of a child younger than 18 years or by the participant if they are 18 years of age or older. This form must be returned to the Central Islip Civic Council in order to participate.

Name of Participant: _____

Address of Participant: _____

Home Telephone #: _____ Cell phone #: _____

Birth Date: ____/____/____

DISCLAIMER CLAUSE

The Central Islip Civic Council, The CICC Sensational Programming Committee, their officers, administrators, management, directors, coaches (where applicable) employees, volunteers, members, representatives and staff. (hereafter referred to as "the Committee") are not responsible for any injury, loss or damage of any kind sustained by any person while participating in any Sensational Programming activities including injury, loss or damage which might be caused by the negligence of the Committee.

In order to properly protect my child's safety and that of fellow participants, I agree to instruct my child to follow all safety rules, governing organization rules and adhere to the instructions of the administrators, officials, management, directors, coaches (where applicable) employees, volunteers, members and representatives and staff.

I, the registrant or the Parent/Guardian of the participant of the above named registrant, do hereby give my approval of participation in any and all of the activities associated with the Sensational program. I assume all of the risks and hazards incidental to the conduct of the activities, and I do further release, absolve, indemnify and hold harmless the Central Islip Civic Council Sensational Programming Committee, its' officers, administrators, officials, coaches (where applicable), employees, volunteers, members, representatives and staff. In case of injury to my child or myself, I hereby waive all claims against the Central Islip Civic Council Sensational Programming Committee, its' officers, administrators, officials, coaches (where applicable), employees, volunteers, members, representatives and staff. I am voluntarily requesting permission for myself and/or my child to participate.

INDEMNIFICATION AND RELEASE OF LIABILITY

In return for the Committee allowing me to voluntarily participate in the Central Islip Civic Council Sensational Programming and related activities, I agree

1. **TO ASSUME AND ACCEPT ALL RISKS** arising out of, associated with or related to my participating in the Central Islip Civic Council Sensational Programming, even though such risks may have been caused by the negligence of the Committee;
2. **TO BE SOLELY RESPONSIBLE FOR ANY INJURY, LOSS OR DAMAGE** which I might sustain while participating in the Central Islip Civic Council Sensational Programming, even though such injury, loss or damage may be caused by the negligence of the Committee;

3. TO HOLD HARMLESS AND INDEMNIFY THE COMMITTEE:

- from any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my participation in the Central Islip Civic Council Sensational Programming, and all related activities; and
- from any and all claims, demands, actions and costs which might arise out of my participation in the Central Islip Civic Council Sensational Programming, even though such claims, demands, actions and costs may have been caused by the negligence of the Committee.

I further understand that the information requested on the Parental Consent Form will be used in an effort to find compatible teams/groupings, player eligibility (where applicable) and general recordkeeping. This information may be provided to District Staff, volunteer coaches and staff, officials and if necessary the District’s insurance company/ies. Although you are not legally required to disclose this information, failure to do so could prevent your child from participating in these programs. **The completion of the Parental Consent Form is mandatory prior to participation.**

I have carefully read this document, I have had the opportunity to ask questions and I fully understand and appreciate the risks involved in participation.

Date: _____/_____/_____

Name of Parent/Guardian (Print): _____

Signature of Parent/Guardian: _____