

Athletes Caring Together, Inc
1035 Reeves St
Dunmore, PA 18512



“EMPOWERING ATHLETES TO MAKE A
DIFFERENCE!”

This following document must be fully completed prior to participation.

This is a legally binding agreement between yourself and ATHLETES CARING TOGETHER, INC..

Please read the following waiver thoroughly and carefully to ensure you fully understand the contents of this waiver.

By completing and signing this waiver, you verify your acknowledgement and understanding of the risks involved in participation at ATHLETES CARING TOGETHER, INC. events, and you also assume the risks (known or unknown, contained herein or not) associated with participation in the activities at the present date or at any future date within 1 year from today's date. A new waiver will need to be completed each year on your anniversary date thereafter. By signing and completing this waiver, you also repudiate any right or capability to recover compensation, or to claim any other countermeasure for any personal or bodily injury, damage to property, death or any other loss or casualty resulting from participation of any and all ATHLETES CARING TOGETHER, INC. organized events, including, but not limited to, the location event is hosted at, equipment used during each event, as well as any and all club affiliates and partners involved in said event, at the present date or at any future date. Finally, in signing and acknowledging this document, you affirm that you have reviewed and are fully aware of the safety information and policies regarding utilization of the activities, apparatuses and equipment.

Acknowledgement of Risk and Agreement to Participate: The activities offered through Athletes Caring Together, Inc. and their club partners present inherent dangers and risks, both anticipated and unanticipated, including all manner of injury (both physical and emotional), paralysis, death, damage to property or to other participants, or other losses.

Physical injuries may include but are not limited to: cuts, abrasions or bruising; musculoskeletal injury; head injuries; and other injuries similar to those already mentioned and not.

Physical injury may result from any activity involving participation with any and all Athletes Caring Together, Inc. provided activities.

Waiver and Release of Liability: Following consideration and recognition of the inherent risks of participation with ATHLETES CARING TOGETHER, INC provided activities and events as well as all ATHLETES CARING TOGETHER, INC partners, clubs and organizations, I agree, on behalf of myself, my heirs, my estate, guardians, legal representatives, agents, and assigns, to hereby release, waive, and forever discharge ATHLETES CARING TOGETHER, INC., their employees and volunteers, their affiliates and partner clubs and organizations, or other representatives from any claims of personal injury, damage to property, death or any other loss, claim or casualty resulting from participation in ATHLETES CARING TOGETHER, INC. events or activities. I agree to indemnify and hold harmless ATHLETES CARING TOGETHER, INC., their employees and volunteers or any parties mentioned herein from all liability, at the present date or any future date, regardless of the circumstances of the claim, whether participation is supervised or unsupervised.

I understand that this document is legally binding for me as well as the parties mentioned herein, and I agree not to sue or otherwise make any claim against ATHLETES CARING TOGETHER, INC. or any parties mentioned herein and that they will not be held legally responsible for any loss I may suffer from participation in any way connected with ATHLETES CARING TOGETHER, INC.

Medical History: I understand that participation in this activity is NOT recommended for persons who have any medical conditions or problems such as heart condition, seizures, high blood pressure, stomach problems, joint problems, hearing difficulty, breathing condition, back problems, vision problems, migraines, dizziness, poor circulation, arthritis, current pregnancy, past surgery, or any other medical condition or difficulty that would prevent me from safely participating in this event. If I or the participant named below has any of these or other conditions or problems and still chooses to participate in this activity, I assume all risks associated with such participation.

Release of Photographs: I understand that photographs and/or videotapes of me and my family members may be taken for use in promoting ATHLETES CARING TOGETHER, INC. on social media and other advertising and marketing avenues. I hereby give my permission to use such photographs without compensation to me.

With clear knowledge of the risks involved in participation of ATHLETES CARING TOGETHER, INC. events and/or activities, including, but not limited to those outlined herein, I voluntarily assume all risks associated with participation, known or unknown, and I agree to follow all safety policies and procedures established by the ATHLETES CARING TOGETHER, INC. and its staff, as well as all club affiliates, sports affiliates and partner organizations for participation in

ATHLETES CARING TOGETHER, INC events or activities. I further certify, acknowledge and agree that the participant named below is of the physical, emotional and mental capability necessary for participation in said event and/or activity, at the present date and any future date.

Safety Note: I understand that if ATHLETES CARING TOGETHER, INC. staff member, volunteer or club affiliate or partner feels it is unsafe for me to participate for any reason, I will be asked to forgo participation in this activity on that day.

I represent that I am a participant of 18 years of age or older, or that I am the parent or legal guardian of the participant named below. I have carefully read and clearly understand and acknowledge the provisions of this document, and I voluntarily sign this document agreeing to its terms and releasing ATHLETES CARING TOGETHER, INC. from liability for losses resulting from participation in ATHLETES CARING TOGETHER, INC. provided activities or events at the present date or any future date.

**This waiver is valid through the end of the current year only. A new waiver will be required each calendar year.*