

Independent Church League

Amateur Minor Athletic Waiver - Release of Liability

In consideration of being allowed to participate in any way in the **Independent Church League athletics/sports program (ICL), United States Specialty Sports Association (USSSA), Olympia Specialty Sports Umpire Association (OSSUA), South Sound Sports Center, Tumwater Indoor Sports** and related events and activities, I the undersigned:

Acknowledge and fully understand that my child will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.

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

Release, waive, discharge and covenant not to sue the **Independent Church League athletics/sports program (ICL), United States Specialty Sports Association (USSSA), Olympia Specialty Sports Umpire Association (OSSUA), Tumwater Indoor Sports, and South Sound Sports Center** its affiliated clubs, their respective administrators, directors, agents, and other employees of the organization, other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers or premises used to conduct the event, all of which are hereinafter referred to as "releases," from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I HAVE READ THE ABOVE STATEMENTS AND I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS FORM VOLUNTARILY.

Please fill out the information below:

Name of Participant (print):	
Name of Parent/Guardian (print):	
Signature of Parent/Guardian:	
Date:	
Parent/Guardian Relationship (print):	
Address of Member/Participant:	
Contact Number of Parent/Guardian:	
Church Name:	