

Authorization & Waiver

BY PARENT(S) OR LEGAL GUARDIAN(S) OF MINOR CHILD

Each of the undersigned parent(s) or legal guardian(s) of the minor child named below states as follows:

I am aware that normal and usual athletic and sports related activities have certain inherent risks and may cause injury to participants. However, I want my child to participate in the Connect1D (the "Organization") sponsored event(s) (the "Activities"), and I give my unqualified permission and consent for my child to participate in the Activities, subject only to any specific limitations noted below.

My child has the necessary skills and is able to participate in all reasonably anticipated aspects of the Activities except as noted below. The nature of the Activities has already been fully disclosed to me, and any brochure, flyer or announcement relating to the Activities is expressly made a part of this Authorization & Waiver.

I, on behalf of my child, hereby indemnify, release, hold harmless and forever discharge the Organization and its agents, employees, officers, directors, affiliates, successors and assigns, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I or my child ever had or may have, arising from or in any way related to my child's participation in any Activities conducted by, on the premises of, or for the benefit of, the Organization; *provided*, that this waiver of liability does not apply to any acts of gross negligence, or intentional, willful or wanton misconduct.

This Authorization & Waiver is binding upon me, my heirs, executors, legal representatives, successors and assigns. The provisions of this Authorization & Waiver will continue in full force and effect even after the termination of the Activities conducted by, on the premises of, or for the benefit of, the Organization, whether by agreement, by operation of law, or otherwise.

This Authorization & Waiver is governed by the laws of the ***State of Washington*** and is intended to be as broad and inclusive as is permitted by that law. If any provision of this Authorization & Waiver is held invalid or unenforceable by a court of competent jurisdiction, the remaining provisions will continue to be fully effective.

This Authorization & Waiver contains the entire agreement between the parties, and supersedes any prior written or oral agreements between them concerning the subject matter of this Authorization & Waiver. The provisions of this Authorization & Waiver may be waived, altered, amended or repealed, in whole or in part, only upon the prior written consent of all parties.

Any claim or controversy that arises out of or relates to this Authorization & Waiver or the alleged breach of it, and which cannot be settled by the parties, will be settled by submission to the chapter of the American Arbitration Association or similar group nearest to the Organization in accordance with its current rules and procedures.

In the event I cannot be reached, I authorize and direct any adult Activities sponsor or group leader representing the Organization to make emergency medical decisions for my child.

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PLEASE PRINT LEGIBLY

Name of Child: _____

Medical Conditions: My child is subject to the following allergies or medical conditions, and I authorize the Organization to disclose such allergies or medical conditions to a physician in the event my child should require emergency medical care (describe allergies or medical conditions with specificity):

Prohibited Activities: As a result of the medical conditions described above or for other reasons, I do not want my child to engage in any of the following activities (describe with specificity):

Additionally, I understand that sometimes ConnecT1D uses photos of events such as this one for ConnecT1D publicity. I also understand that if my child should appear in any such photograph ConnecT1D will never identify any depicted youth/children by name.

I am of lawful age and legally competent to sign this Authorization & Waiver. I understand the terms of this Authorization & Waiver and I have willingly signed it as my own free act.

Name: _____ Address: _____

Signature: _____ Date: _____

Emergency Contact:

Name: _____ Phone: _____

Accepted on behalf of ConnecT1D

By: _____ Dated: _____



WAIVER of Liability – Adult Participant

In exchange for the value and benefit of services received, including my participation in activities conducted by or on behalf of **Connect1D** (the "Organization"), I have read, understand, and willingly sign this Waiver. I acknowledge that my participation in any activity conducted by, on the premises of, or for the benefit of, the Organization has certain inherent risks, which I voluntarily assume. I have the necessary skills and I am able to participate in all reasonably anticipated aspects of the Activities except as noted below. The nature of the Activities has already been fully disclosed to me, and any brochure, flyer or announcement relating to the Activities is expressly made a part of this Authorization & Waiver. I agree to follow any instructions or rules given with regard to participation in any activities.

I hereby indemnify, release, hold harmless and forever discharge the Organization and its agents, employees, officers, directors, affiliates, successors and assigns, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages or liabilities, of every kind and nature, whether known or unknown, in law or equity, that I ever had or may have, arising from or in any way related to my participation in any activities conducted by, on the premises of, or for the benefit of, the Organization; provided, that this Waiver of Liability does not apply to any acts of gross negligence, or intentional, willful or wanton misconduct. This Waiver is binding upon me, my heirs, executors, legal representatives, successors and assigns. The provisions of this Waiver will continue in full force and effect even after the termination of the activities conducted by, on the premises of, or for the benefit of, the Organization, whether by agreement, by operation of law, or otherwise.

This Waiver is governed by the laws of the **State of Washington** and is intended to be as broad and inclusive as is permitted by that law. If any provision of this Waiver is held invalid or unenforceable by a court of competent jurisdiction, the remaining provisions will continue to be fully effective. This Waiver contains the entire agreement between the parties, and supersedes any prior written or oral agreements between them concerning the subject matter of this Waiver. The provisions of this Waiver may be waived, altered, amended or repealed, in whole or in part, only upon the prior written consent of all parties. Any claim or controversy that arises out of or relates to this Authorization & Waiver or the alleged breach of it, and which cannot be settled by the parties, will be settled by submission to the chapter of the American Arbitration Association or similar group nearest to the Organization in accordance with its current rules and procedures.

Additionally, I understand that sometimes Connect1D uses photos of events such as this one for Connect1D publicity. I also understand that if I should appear in any such photograph Connect1D will never identify me by name.

I am of lawful age and legally competent to sign this document; I understand the terms herein; and I have signed this document as my own free act.

My Name (Please print): _____

My Address: _____

Signature: _____ Dated: _____

Accepted on behalf of Connect1D

Signature: _____ Dated: _____