Latino Educational and Recreational Network Waiver and Release of Liability Form

In consideration of being allowed to participate in any way in the **Latino Educational and Recreational Network** **(L.E.a.R.N.)** related events and activities, the undersigned:

1. Acknowledge and fully understand that (**i**) participant 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 from their own action, inactions or negligence and also the actions, inactions or negligence of others, the rules of play, or the conditions of the premises or any equipment used and (**ii**) there may be other risks not known to participants or sponsors or not reasonably foreseeable at this time.
2. Assume all the forgoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
3. Release, waive, discharge and covenant not to sue **L.E.a.R.N.** or their respective administrators, directors, agents, coaches, other employees or volunteers of the organization, other participants, sponsoring agencies, groups, advertisers, and if referred to ask “releases” from any and all liability to each of the undersigned his or her heirs and rest of kin for any and all claim, 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 the negligence of the releases or otherwise.
4. Release and waive my rights to the use of any written, audio, photo or video(s) to **L.E.a.R.N.**

**Any law violations will be reported to the proper authorities.**

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_

TEAM Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coach/Team Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THE UNDERSIGNED HAVE READ THE ABOVE WAIVER AND RELEASE; UNDERSTAND THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT VOLUNTEARILY.

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF UNDER AGE 18,

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BRING THIS SIGEND FORM TO L.E.a.R.N. EVENT CHECK-IN; STUDENT PARTICIPANTS **MUST** ALSO BRING STUDENT ID, REPORT CARD OR OTHER DOCUMENTATION TO CONFIRM DIVISION ELIGIBILITY. ADULT PARTICIPANTS **MUST** BRING VALID DRIVERS LICENCES OR STATE ID TO COMPLETE CHECK IN PROCESS.