

High Country Legacy Sports

Activity Release and Consent

I consent for myself and any child listed below to participate in the High Country Legacy Sports events and activities (including but not limited to all of the activities for camps, clinics, league practices and games [on and off campus/home game locations]) sponsored by High Country Support Group and Legacy Sports.

I understand that these activities and the facilities where they are conducted involve some inherent risks. The risk of injury to me or my child from the activities involved is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this, the risk of serious injury does exist. Nevertheless, I want myself (and any listed child) to have the opportunity to participate in the activities sponsored by High Country Support Group and Legacy Sports, and this Activity Release is given in exchange for that opportunity.

Waiver, Release, and Indemnification – I, individually, and in my capacity as parent, guardian, or next friend of any listed child, waive, release, indemnify, and promise not to sue High Country Support Group or Legacy Sports and all of its constituent organizations, agents, employees, and volunteers (collectively, “Released Parties”) from all demands, claims, or liability, in law or in equity, **including the released parties' own negligence**, that have arisen or may arise from this activity, including travel associated with this activity, and that involve any damage, loss, or injury to me, my spouse, any listed child, my property, my spouse's property, or the property of any listed child. **I fully assume the risks associated with participating in this activity.** This waiver, release, indemnification, and promise not to sue do not apply to claims of criminal conduct, gross negligence, or intentional acts.

Medical - In case of medical need or injury, I understand that High Country Support Group or Legacy Sports will make every reasonable effort to contact me (in the case of an injury to my child) or my emergency contact. In the event that I or my emergency backup contact cannot be reached, I authorize High Country Support Group or Legacy Sports to arrange for medical services for me or for any listed child. I will be responsible for any medical and related expenses for me or such child. **Any provider of care can rely on this Consent as authority to treat me or such child as appropriate and to bill me directly for the costs thereof.** I understand that High Country Support Group or Legacy Sports will hold any medication for such child until needed or scheduled, at which time it is my or such child's responsibility to inform the staff that the medication is needed. **I agree that I am responsible for communicating any relevant medical conditions pertaining to me or such child to High Country Support Group and Legacy Sports using the back of this form.**

Photography -I understand that High Country Support Group and Legacy Sports may take photographs of me or a listed child in the course of its activities, and I grant High Country Support Group and Legacy Sports permission to publish such photographs in a manner High Country Support Group or Legacy Sports deems appropriate.
To revoke this agreement, I must notify (Initials) in writing in advance of the event.

Signature of Adult Releasee Without Child Youth Participating in the Event (14 or older)
 Parent or Guardian

Date _____ Signature _____ Date _____ Signature _____

Date _____ Signature _____ Date _____ Signature _____

Address:

Home Telephone _____ Work Telephone _____ Cell Telephone _____

Emergency Contact _____ Telephone _____

Please print the name of each child or youth to whom this release applies and his or her birth date

Printed Name of Participant _____ / ____ / ____ Printed Name of Participant _____ / ____ / ____

Printed Name of Participant _____ / ____ / ____ Printed Name of Participant _____ / ____ / ____

Relevant Medical Information

Family physician: _____ Phone Number: _____

Medical insurance company and policy number:

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Authorized medications and time they should be administered:

name of medication	time(s) of administration

May High Country Support Group or *Legacy Sports* give any listed child Tylenol or aspirin for headaches or pain?

Yes No

Do you or a listed child have any allergies or special medical conditions of which we should be aware?

Please Explain:

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