

# Aurora Turners Sports Complex High Risk Program Waiver Form

## Under 18 years of age

The Aurora Turners Sports Complex is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. Aurora Turners continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants registering for programs must recognize that there is an inherent risk of injury when choosing to participate in recreational activities.

You are solely responsible for determining if you are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered any illness, injury or impairment, to consult a physician before undertaking any physical activity. Aurora Turners carries no accident coverage on participants and the cost of medical attention and/or hospitalization will be the sole responsibility of the individual in question and/or their parent or guardian.

## WARNING OF RISK

### High-risk Activity Program:

High-risk activities engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activities. Not all hazards and dangers can be foreseen. Participants must understand that certain risks, dangers and injuries due to acts of God, inclement weather, equipment failure, failure in supervision, premise defects and all other circumstances inherent to recreational activities exist. Participation in **this activity** presents risk of physical injury, including bruises, scrapes, broken bones, or sprains' resulting from falls, slips, or trips from obstacles. In this regard, it must be recognized that it is impossible for Aurora Turners to guarantee absolute safety.

## WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this high-risk program, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program.

I recognize and acknowledge that there are certain risks of physical injury to participants in this program, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I may have as a result of participating in this program against Aurora Turners Club, including its officials, agents, volunteers and employees.

I do hereby fully release and forever discharge Aurora Turners Club from any and all claims for injuries, damages, or loss I may have or which may accrue to me and arising out of, connected with, or in any way associated with this program. I agree to the administration of medication by Aurora Turners Club agents as prescribed by a physician and/or non-prescription medications as may be deemed prudent to safeguard the health and well-being of the participant, if it is necessary during the program. I understand that, unless specifically stated in writing at the time of registration, photographs of participants may be taken. I understand that no personal information, other than name will be released to the public under any circumstances and this meets with my approval.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

PLEASE PRINT

Participants' Name \_\_\_\_\_ Participant's Signature \_\_\_\_\_

Emergency Contact Name & Phone #: \_\_\_\_\_ Date \_\_\_\_\_

\*For Players (Please Add) Team Name: \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Goalie YES NO JERSEY # \_\_\_\_\_

PARTICIPATION WILL BE DENIED, if the High-Risk Waiver Form with the signature of adult participant or parent/guardian and date are not on this waiver and returned prior to the start of the program.