**AMATEUR MINOR ATHLETIC WAIVER AND RELEASE OF LIABILITY**

In consideration of being allowed to participate in any way in Swoop Time athletics/sports program,

and related events and activities, the undersigned:

1. Agree that the parent(s) and/or legal guardian(s) will instruct the minor participant that

prior to participating he or she should inspect the facilities and equipment to be used,

and if the participant believes anything is unsafe, he or she should immediately advise

his or her coach or supervisor of such condition(s) and refuse to participate.

2. Acknowledge and fully understand that each 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 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 us or not reasonably foreseeable at this time.

3. Assume all the foregoing risks and accepts personal responsibility for the damages

following such injury, permanent total disability or death.

4. Release, waive, discharge and covenant not to sue Highlands Jr. Scots or

Swoop Time 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 lessors 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.

**TALENT/PARENTAL RELEASE**

I hereby assign, without compensation, all rights and release from liability to Highlands Jr. Scots and Swoop Time for the recording, reproduction, pictures, exhibition, cable casting, over-air broadcast, internet websites, internet streaming and distribution of my visual image and/or voice for non-profit use.

**Code of Conduct \***

As a spectator at the meets, you have an important responsibility to the participants. We need to set a good example for the kids in sportsmanship and ethics. These examples are especially important and challenged when a situation of disagreement arises during an event. If you find yourself upset over a players’ mistake, a coach’s decision or an official’s judgment, please keep in mind the following: 1) Our players are not professionals and are discovering their sports skills and abilities. They are young athletes learning how to play together in a youth sporting environment. 2) Our coaches are individuals who enjoy working with the athletes. They are learning how to instruct and coach the athletes the best way they know how. They will provide feedback before, during and after the event. They need your support and trust in the decisions/ and or comments that are made during this process. They are not professionally trained. The coaches are volunteers devoting their time to this sport. 3) Our meet officials and volunteers are human, they make judgment calls which some will undoubtedly disagree. They interpret rules fairly and honestly. They too are continually learning more about the sport as well as dealing with disagreements. We ask spectators to aid by the following Code of Conduct and Remain in the spectator area during competition.

**I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN**

**UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.**

NAME OF PARENT OR GUARDIAN (Please Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARTICPANT NAME (Please Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARTICPANT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Logo Here or delete this text