



# Fauquier Track Club



## **WAIVER AND RELEASE OF LIABILITY AGREEMENT**

(This document is required to be on file prior to athlete participation.)

In consideration for my son/daughter being permitted to participate in Fauquier Track Club practices, related events, and activities, the undersigned acknowledge and agrees that: as the natural parent and/or as the legally authorized guardian, do hereby for myself, my spouse, my child, and on behalf of my/our heirs, personal representatives, and assigns, agree not to sue and hereby release, waive, discharge, hold harmless and indemnify and forever defend Fauquier Track Club and Fauquier High School, their coaches and members, individually and collectively, their officers, employees, servants, agents, and directors, from any and all liability, losses, claims, actions, suits, procedures, demands, rights, and causes of action of whatever nature, in law and equity, for any and all known or unknown, foreseen or unforeseen, bodily or personal injuries, death and permanent injury, illnesses, damage to property, or other losses, and any consequences thereof, including expenses, costs, and attorneys fees, as may be sustained by my child or me arising out of or in any way associated with my child's participation in Fauquier Track Club activities, or travel incident thereto, whether by negligence or not to the fullest extent permitted by law.

The risk of serious injury to my child from Fauquier Track Club club activities does exist including the potential for permanent disability and death. I understand and fully acknowledge that my child's participation in these activities is solely at our own risk and I assume full responsibility. I hereby further declare that my child has had a physical examination within the past one (1) year and is physically able to participate in all club activities. Moreover, I hereby understand and affirm that the club only provides for excess medical insurance and any charges including deductibles related to the medical care provided to my child will be the responsibility of my primary insurance carrier or me.

## **I HAVE CAREFULLY REVIEWED AND VOLUNTARILY AGREE TO THE TERMS OF THIS WAIVER AND RELEASE OF LIABILITY AGREEMENT.**

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Participant Name (Print)

\_\_\_\_\_  
2014 USATF Membership  
Number

\_\_\_\_\_  
Parent/Guardian Signature (Required)

\_\_\_\_\_  
Date