



Mentoring Through Athletics, Inc. Liability Waiver Form

To the best of my knowledge, _____ (participant) is in good physical condition and fully able to participate in this course. I am fully aware of the risks and hazards connected with the participation in this event, including physical injury or even death, and hereby elect to voluntarily allow the participant to participate in said events, knowing that the associated physical activity may be hazardous to the participant and their property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by the participant, or loss or damage to property owned by the participant, as a result of participation in the registered activities.

I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, *Mentoring Through Athletics Inc.* or their officers, servants, agents, and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant, or to any property belonging to the participant, while participating in physical activity, or while on or upon the premises where the event is being conducted.

It is my expressed intent that this release and hold harmless agreement shall bind the members of the participant's family, and their heirs, assigns and personal representative, and shall be deemed as a RELEASE, WAIVE, DISCHARGE, and CONVENTION TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be constructed in accordance with the laws of the State of Maryland, Virginia or the District of Columbia.

In signing this release, I acknowledge and represent that I HAVE READ THE FORGOING Waiver of Liability and Hold Harmless Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

Athlete's Full Name

Address, City, State, Zip

Phone Number

Email Address

Emergency Contact

Contact's Phone Number

Parent/Guardian Name

Parent/Guardian Signature

Date