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

**Northern Virginia Homeschool Athletic Association, Inc. (NVHAA)**

In consideration of being allowed to participate in any way in **NVHAA** 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 the **NVHAA**,

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.

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 Participant (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Relationship (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number of Parent or Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_