



Invictus Foundation
PO Box 581177
Elk Grove, CA 95758

RELEASE OF LIABILITY

In exchange for participation in the Invictus Foundation Youth Football Clinic ("EVENT/ACTIVITY") organized by Invictus Foundation ("ORGANIZATION") of Elk Grove, California and/or use of property, facilities, and services of River City High School ("FACILITY"), I agree for myself and for the members of my family to the following:

1. AGREEMENT TO FOLLOW DIRECTIONS. I agree to observe and obey all posted rules and warnings and further agree to follow any oral instructions or directions given by "ORGANIZATION" staff, the employees, and representatives on behalf of "ORGANIZATION."

2. ASSUMPTION OF RISK AND RELEASE. I recognized that there are certain inherent risk associated with participating at the "EVENT/ACTIVITY" and I assume full responsibility for personal injury to myself, _____ ("PARTICIPANT") (*participant name*) and my family members, and further release or discharge "ORGANIZATION" for injury, loss or damage arising out of my or my family's use of or presence upon the "FACILITY", whether caused by myself, my family or other third parties I am responsible for. I will also remain in attendance for the duration of the "EVENT/ACTIVITY."

3. INDEMNIFICATION. I agree to indemnify and defend "ORGANIZATION" against all claims, causes of action, damages, judgments, cost or expenses, including attorney fees and other litigation cost, which may in any way arise from my or my family's use of or presence upon the "FACILITY".

4. FEES. I agree to pay for all damages to the "FACILITY" caused by any negligent, reckless or willful actions by "PARTICIPANT" or my family.

5. CONSENT. I, _____ ("GUARDIAN"), consent to the participation of "PARTICIPANT", _____ (*age*) in the this "EVENT/ACTIVITY" and agree on behalf the "PARTICIPANT" to all of the terms and conditions of this agreement. By signing this Release Of Liability ("AGREEMENT"), I represent that I have legal authority over and/or custody of the "PARTICIPANT".

6. MEDICAL AUTHORIZATION. In the event of an injury to the "PARTICIPANT" during the "EVENT/ACTIVITY", I give permission to "ORGANIZATION" or to the employees and representatives on behalf of "ORGANIZATION" to arrange all necessary medical treatment for which I shall be financially responsible. This temporary authority will begin on May 13, 20 17 (*date of event*) at 9:00 AM / PM (*time of event*) and will remain in effect until the "EVENT/ACTIVITY" is completed. I agree to be notified if there is an emergency with the "PARTICIPANT" at _____ (*phone number*). If I cannot be reached, I agree to assign my alternative emergency contact person to _____ (*alternative contact name*) who can be reached at _____ (*phone number*).

7. PHOTOGRAPHY AND VIDEOGRAPHY. With your child attending this event it is possible that "PARTICIPANT" image(s) may be used in promotional material for "ORGANIZATION". Images will not be used for any other purpose. Other parents or guardians will be allowed to take photos and record video from "EVENT/ACTIVITY" for personal use.

I have read and understand this "AGREEMENT".

Participant Name _____ Date _____
Guardian Name _____ Date _____
Guardian Signature _____
Address _____
Email _____