

**PARTICIPANT WAIVER AND RELEASE OF LIABILITY  
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

**Organization Name:** N.C. Track & Cross Country Coaches Association

**Name of Event:** N.C. Track & Cross Country Coaches Association Annual Clinic

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

In consideration of being allowed to participate in any way in the “**The N.C. Track & Cross Country Coaches Association Annual Clinic**,” its related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASED PARTIES or others, and assume full responsibility for my participation; and I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Meet officials immediately; and, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, WAIVE AND COVENANT NOT TO SUE, AND FURTHER AGREE TO INDEMNIFY, AND HOLD HARMLESS the North Carolina Track & Cross Country Coaches Association, JDL Fast Track, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Released Parties"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

x \_\_\_\_\_ Age: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
PARTICIPANT'S SIGNATURE

Name of Medical Insurance Company: \_\_\_\_\_

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward’s volunteering in the Aggie Last Chance Track and Field Meet and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

\_\_\_\_\_  
Signature of Parent or Guardian Date

\_\_\_\_\_  
Print Name of Parent/Guardian

**Please return this completed form by scanning and emailing to Edward Teasley, Clinic Director, at [edwardteasley@gmail.com](mailto:edwardteasley@gmail.com) or by bringing it with you to the N.C. Track & Cross Country Coaches Association Annual Clinic. We must have this on file in order for you to participate. Thank you**