Liability Release Form

This is a legally binding Liability Release, Waiver, Discharge, and Covenant Not to Sue made by us, _______________________________ to the Impact Youth, Incorporated or Impact Youth Sports.

(Parent’s/Guardian’s Name)

We fully recognize that there are dangers and risk to which my child may be exposed to by participating in the Impact Youth, Incorporated or Impact Youth Sports practices and training sessions held from June 6th 2020 through December 31st of 2020. The following is a description and/or examples of significant dangers and risk associated with this activity.

We understand Impact Youth, Incorporated or Impact Youth Sports does not require my child to participate in this activity, but we want our child to do so, despite the possible dangers and risks, and despite the possible dangers and risk of the corona virus. We, therefore, agree to assume and take on ourselves, all of the risks and responsibilities in any way associated with this activity. We release Impact Youth, Incorporated or Impact Youth Sports and its governing board, and trainers/coaches from any and all liability, claims, and action included rights to sue, that may arise from injury or illness, including death in connection with this activity.

We assure Impact Youth, Incorporated or Impact Youth Sports that there is no health-related reasons or problems which preclude or restrict my child to participate in this activity. We further assure Impact Youth, Incorporated or Impact Youth Sports that we have adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my child’s participation in this activity, and we will indemnify and hold Impact Youth, Incorporated or Impact Youth Sports harmless for any such medical costs.

I HAVE READ THIS ENTIRE RELEASE, I FULLY UNDERSTAND IT, AND I AGREE TO BE LEGALLY BOUND BY IT.

______________________________   ________________
(Child/Releaser’s Signature)                 (Date)

______________________________   ________________
(Parent’s/Guardian’s Signature)            (Date)

______________________________   ________________
(Parent’s/Guardian’s Signature)            (Date)

WITNESS:

______________________________  6/6/2020
Shawn P. Austin Sr.                        (Witness Signature) (Date)