

ARC OF GREENSBORO: CHALLENGER SPORTS LEAGUE REGISTRATION

1000 Revolution Mill Drive, Studio 4 * Greensboro, NC 27405 * Ph: 336.373.1076 * Fax: 336.272.0718

RELEASE OF LIABILITY

In case of emergency, if my family physician cannot be reached, I hereby authorize my child/athlete to be treated by Certified Personnel (i.e., EMT, First Responder, ER Physician).

In consideration of participating in The Arc of Greensboro Challenger Sports League (me/my athlete) I hereby, and for (my/my athlete's) heirs, executors, administrators, assigns and all legal guardians, waive and release any and all rights and claims of any nature, founded in whole or in part upon any type of negligence that (I/my athlete) may have against The Arc of Greensboro Challenger Sports League, its directors, officers, entities, representatives, heirs, executors, administrators, successors and assigns (the "released parties") arising out of or resulting from any and all injuries or damages of any nature, including death, which (I/my athlete) may suffer while taking part in any The Arc of Greensboro Challenger Sports League event or activity.

I understand that (I/my athlete) assume all risks in participating in The Arc of Greensboro Challenger Sports League activities. In addition, I understand that some The Arc of Greensboro Challenger Sports League volunteers may be under the age of 18.

This release shall be binding upon me, (my/my athlete's) heirs, executors, administrators, assigns (and all legal guardians for my athlete).

Name of Parent/Guardian _____

Signature _____

Date _____

PHOTO RELEASE

I give permission for my child's photo to be included in future publicity media including, but not limited to newspapers, magazines, television and The Arc of Greensboro website. (No names will be published with photographs used on the Internet.)

Signature _____

Date _____