



**CITY OF SAINT JOHNS RECREATION DEPARTMENT
CONCUSSION & PARTICIPATION WAIVER/RELEASE OF LIABILITY FOR YOUTH SPORTS PROGRAMS**

**In consideration of being allowed to participate in the Saint Johns Recreation Department’s athletic/sports programs,
you acknowledge, and agree that:**

- There is a risk of injury from the activities involved in the program, including the potential for permanent paralysis and death.
 - I knowingly and freely assume all such risk, both known and unknown, and I assume full responsibility for my participation in this program.
 - I willingly agree to comply with the stated and customary terms and conditions for participation in this program. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring the hazard to the attention to the nearest official immediately.
 - I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE CITY, ITS OFFICIALS, AGENTS, AND/OR EMPLOYEES, FOR ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO ME OR MY PROPERTY, WHETHER ARISING FROM NEGLIGENCE OR OTHER CAUSE.
- I Verify that I have received, read and understand the “Heads up in Concussion” Fact Sheet for Parent and Athlete
 •I have learned about concussion and talked to my parent or coach about it and what to do if I have a concussion or other serious brain injury.
 I have read this release of liability and assumption of risk agreement. I fully understand the its terms and given up legal rights by signing it,
 and I sign freely and voluntarily without any inducement.

Student Athlete Name Printed	Student Athlete Name Signed	Date	Parent or Guardian Name Printed	Parent Or Guardian Name Signed