

VOLUNTEER WAIVER, RELEASE, HOLD HARMLESS, INDEMNIFICATION, AND MEDIA RELEASE AGREEMENT

I have agreed to serve as a volunteer for the **LHSAA STATE WRESTLING TOURNAMENT**, and I recognize that my volunteer participation is a privilege afforded to me by the **LHSAA**. I fully understand, appreciate and assume all the risks associated with my volunteer duties. In exchange for my participation, I hereby agree to the following:

1. I voluntarily waive, release and hold harmless the **LHSAA**, its elected and appointed officials, officers, employees, agents and other volunteers from any and all claims, causes of action and damages for bodily injury, illness or death that I may suffer as a result of, or in any manner connected with, directly or indirectly, my participation as a **TOURNAMENT** volunteer when such bodily injury, illness or death is the result of my own negligent or intentional acts or omissions or those of another volunteer. I understand that this waiver and release precludes my right to recovery of damages in the event I am injured in the course of performing my volunteer duties. _____ **INITIAL**

2. I shall defend, hold harmless and indemnify the **LHSAA**, its elected and appointed officials, officers, employees, agents and other volunteers, from and against all damages, claims, liabilities, causes of action, judgments, settlements, costs and expenses (including, but not limited to, reasonable expert witness and attorney fees) that may at any time arise or be claimed by any person as a result of bodily injury, illness, death or property damage, or as a result of any other claim or cause of action of any nature whatsoever, arising from or in any manner connected with, directly or indirectly, my negligent or intentional acts or omissions in performing my volunteer duties for **THE LHSAA STATE WRESTLING TOURNAMENT**. _____ **INITIAL**

3. By signing below I understand that while volunteering, the media and/or the **LHSAA** and/or its designee may take photos, video or audio of volunteers in action. I give permission to the **LHSAA** and/or its designee to use my image, voice, or likeness in news coverage and promotional materials. I have read, fully understand and agree to the assumption of risk, waiver, release, hold harmless and indemnification terms set forth above. _____ **INITIAL**

Date _____

Volunteer Signature

Printed Name

TM

Emergency Contact Person

Emergency Telephone Number

Parental/legal guardian signature: (Parent/legal guardian must complete the following if the volunteer is under 18 years of age and be present for entire time of service.)

I am the parent/legal guardian of the volunteer and by my signature, agree to be bound by and responsible for all of the provisions of this Release and Indemnification Agreement, on behalf of ourselves, the volunteer, and the successors, Representatives, heirs, executors, assigns, and transferees of ourselves and the volunteer. I consent to the execution of this Release and Indemnification Agreement and Participation in the above described activity(ies).

Date _____

Parent/Legal Guardian Signature

Printed Name

(Fill out the back page for parent/legal guardian release form)

Additional parent/legal guardian release – Emergency Consent Form

If your child needs emergency medical care and you are not available to give formal consent to medical authorities, care may be unnecessarily delayed. To protect your child, leave this completed EMERGENCY CONSENT FORM with the LHSAA, the form will accompany your child to the hospital.

I, _____ Parent/ legal guardian of

_____ do hereby give my consent to the LHSAA, its elected and appointed officials, officers, employees, agents and other volunteers, to secure and authorize such emergency medical treatment as the above name might require while under the supervision of said care provider. I also agree to pay all the costs and fees contingent on emergency medical care or treatment for this person as secured or authorized under this consent.

NOTE: Every effort will be made to notify the parents/ son/ daughter/ guardian, etc. in case of an emergency. In the even of an emergency, it would be necessary to have the following information:

Physician's Name: _____ Phone Number: _____

Preferred Hospital: _____

Address: _____ Phone: _____

If the parents/ son/ daughter/ guardian is unavailable, other relatives or persons to contact in emergency:

Name: _____

Address: _____

Phone: _____

Relationship: _____

Signature of parent/ legal guardian: _____

Date: _____