



# WEST SENECA CENTRAL SCHOOL DISTRICT

675 Potters Road, West Seneca, NY 14224

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## PARTICIPATION WAIVER FOR ADULT SPORTS EVENT

*(Completion required prior to participation)*

Name of Event: \_\_\_\_\_

Date/Time: \_\_\_\_\_ Location: \_\_\_\_\_

I hereby covenant and agree to release and hold harmless the West Seneca Central School District from and against any and all liability, loss, damages, claims, or actions (including costs and attorneys fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of participation in the above named event.

I understand participation in the above named event involves rigorous physical activity and risks of physical injury, and I assume these risks. I hereby consent to emergency transportation and treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation or treatment. I further certify that I am in good physical condition, and I have no medical or physical conditions that would restrict my participation in this event.

PARTICIPANT'S NAME *(please print)*: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

EMERGENCY CONTACT: Name: \_\_\_\_\_ Phone: \_\_\_\_\_