

## **LTAAs Parent/Guardian/Participant Consent to Participation and Release from Liability**

As EITHER the parent or legal guardian of the participant(s) named in this registration, OR as the participant registering for myself, whichever is appropriate for this registration, I hereby give my consent and approval for full participation in this Lebanon Township Athletic Association Sport/Activity season, and agree to and affirm the terms and conditions below.

I understand that there are certain risks of injury inherent in the participation and play of this Sport/Activity, as well as in the traveling to and from, as well as in other related activities incidental to participation, and I am willing to assume these risks. I hereby certify that the participant(s) is/are healthy and has/have no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as are noted in the participant(s)' emergency/medical information section of the My Account area for the family. I have reviewed this emergency/medical information and certify that it is accurate and current; if this information changes during the season/session for this Sport/Activity, I agree to notify the Lebanon Township Athletic Association.

For myself, the minor participant if applicable, my spouse, and our respective heirs and personal representatives, I hereby waive any and all claims and causes of action for injury or loss arising out of or related to participation in the designated Sport/Activity, and the activities incidental thereto, incurred or suffered by me or by the participant or by any other member of my family as a spectator, whether the result of negligence or any other cause, and I further release and agree to hold harmless the Lebanon Township Athletic Association, the municipality where the Sport/Activity is played or conducted, the owners of the various venues where the Sport/Activity is played or conducted, as well as their respective trustees, directors, officers, employees, coaches, volunteers, sponsors, agents and supervisors, from said claims and causes of action.

I agree and understand that insurance for medical expenses is NOT provided by the Lebanon Township Athletic Association and is my sole responsibility.

In the event that the participant(s) is/are injured and parents/guardians cannot be reached in an emergency, I hereby give my permission to any physician, emergency medical technician or other appropriate health care provider or institution to render or provide necessary medical treatment to myself or the participant, including injections, anesthesia, surgery or hospitalization. Further, I authorize the Lebanon Township Athletic Association to share emergency medical information as listed for any Player/Participants in my account with the persons listed above. I hold the Lebanon Township Athletic Association harmless if emergency information is missing from the account or is inaccurate.

I grant my irrevocable consent for my or for the participant's likeness and/or voice to be photographed or otherwise recorded in any media and to be posted on the Lebanon Township Athletic Association web site.

The parties hereto intend that this Parent/Guardian/Participant Consent to Participation and Release from Liability shall be deemed a binding and enforceable contract pursuant to the Uniform Electronic Transaction Act and that the acceptance of this form shall be deemed an Electronic Signature under said Act, valid and binding for all legal purposes, including without limitation the consent to necessary health or medical care.

PRINT \_\_\_\_\_ SIGN \_\_\_\_\_ DATE \_\_\_\_\_