Adult Waiver/Release AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY READ BEFORE SIGNING

	TELLID DEL CHE SIGNATO
In cons	sideration of being allowed to participate in any way in Austin Royals Christian Athletics
	(Name of Organization)
athletic that:	e sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees
1)	The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2)	I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3)	I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4)	I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Austin Royals Christian Athletics (Name of Organization) their directors, officers, officials, agents, volunteers and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
FULL	VE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, Y UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL TS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY
INDUCEMENT.	
пъс	DATE SIGNED:
(Partic	ipant's Signature)
	FOR PARTICIPANTS OF MINORITY AGE
	(UNDER AGE 18 AT THE TIME OF REGISTRATION)
This is	to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to
his/her release child's	release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR IGENCE, to the fullest extent permitted by law.
	DATE SIGNED:
Emero	(Parent/Guardian Signature) ency Phone Number: _()
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