

IMPACT VBC GIRLS MIDDLE SCHOOL FALL LEAGUE PERMISSION SLIP

(for ages 11 and over entering grades 6-8 as of 09/25)



Participant and Parent Information

Name of Participant: _____ Middle School Team: _____
Age: ___ DOB: ___/___/___ Sex F Grade as of 09/25: ___ Email: _____
Home Address: _____
Parent or Guardian's Name: _____ Phone No.: _____
Emergency Contact Name: _____ Phone No.: _____

Physician's Information & Health History:

Physician's Name: _____ Phone No.: _____
Address: _____
Allergies: _____ Diseases: _____ Asthma: _____
Operations or Serious Injuries and dates: _____
Chronic or Recurring Illness: _____
Recommendations and Restrictions while in the program: _____
Special Diet: _____ Classification: _____
Special Medicine: _____ Is Parent Sending It? _____

Participation Waiver and Release

I hereby acknowledge that my child is voluntarily participating in sports activities organized by IMPACT VBC LLC. I understand that these activities involve inherent risks, including but not limited to bodily injury, property damage, and death, which may occur as a result of my child's participation. Therefore, I agree to the following terms:

RELEASE AND WAIVER OF LIABILITY: I hereby release and forever discharge IMPACT VBC LLC, its directors, employees, facilities, and volunteers (collectively, the "Released Parties"), from any and all liability, claims, demands, and causes of action that I or my child may have now or in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child or to any property belonging to myself or my child, whether caused by the negligence of the Released Parties or otherwise.

ASSUMPTION OF RISK: I understand and acknowledge that my child's participation in the sports activities organized by IMPACT VBC LLC involves inherent risks, including but not limited to bodily injury, property damage, and death. I voluntarily assume all risks associated with my child's participation in these activities.

INDEMNIFICATION: I agree to indemnify, defend, and hold harmless the Released Parties from any and all claims, demands, and causes of action, including attorneys' fees and costs, arising out of or related to my child's participation in the sports activities organized by IMPACT VBC LLC.

MEDICAL TREATMENT: I authorize IMPACT VBC LLC, its agents, employees, and volunteers, to obtain or provide medical treatment for my child in the event of any injury, illness, or other medical condition that may occur during their participation in the sports activities. In the event of injury to my child while participating in this activity my health insurance provider is the **sole provider** of health insurance services.

ACKNOWLEDGEMENT OF UNDERSTANDING: I have read this waiver, fully understand its terms, and understand that I am giving up substantial rights, including my right and child's right to sue the Released Parties for any injury, death, or damages that may result from my child's participation in the sports activities organized by IMPACT VBC LLC. I fully consent to my child's participation in sports activities organized by IMPACT VBC LLC.

Signature of Participant: _____ **Date:** _____

Signature of Parent or Guardian: _____ **Date:** _____

ALL PLAYERS MUST SUBMIT THIS FORM PRIOR TO PLAY