



Waiver of Liability, Medical Release, and Indemnification Agreement

I hereby voluntarily permit my child to participate in the C. Frye Foundation's Bull Dog youth sports program.

I understand and fully accept that there are risks involved in sports, and that accidents and injuries are common and are ordinary occurrences of sports. I hereby agree to accept any and all risks of injury or death, and verify this statement by placing my initials here.

Initial here

As consideration for being permitted by the C. Frye Foundation to participate in these activities, I hereby release and hold harmless Channing Frye, the C. Frye Foundation, its staff, volunteers, designated coaches, and program officials and supervisors from all liability, and from all actions or claims that I or my child now or hereafter have for damage or injury to my child, or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with my child's participation. I further agree that this waiver, release, and assumption of risks is to be binding on the heirs and assigns of the undersigned.

I further agree to indemnify and to hold the C. Frye Foundation (its officers, employees, agents, and volunteers) free and harmless from any loss, liability, damage that I or my child may cause or sustain while participating in this activity.

In case of a medical emergency, I hereby give permission to Recreation Staff and Volunteers to order treatment for my child, including any necessary medical treatment and x-rays. I also hereby give permission to Recreation Staff and Volunteers to disclose the information contained on our associated forms to medical personnel. I understand that an attempt will be made to reach me by phone when a diagnosis is completed. I agree to pay all medical, hospital, or other expenses which my child or I may incur as a result of such treatment.

The C. Frye Foundation does not disclose your nonpublic personal medical and financial information, except as required or permitted by law. The Foundation also does not provide any medical or other insurance protection or benefits for those who use recreational equipment or engage in activities on associated premises.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND THE C. FRYE FOUNDATION AND SIGN IT OF MY OWN FREE WILL.

Participant: _____ Date: _____

Parent/Guardian
Signature: _____