

**ACCIDENT WAIVER AND RELEASE OF LIABILITY  
WESTMINSTER HIGH SCHOOL  
“P.A.A.C. ATTACK Dodgeball Tournament”  
\*\*Each member of a team must sign a separate form\*\***

I acknowledge that this athletic/student activity can be a test of a person’s physical and mental limits and carries with it the potential for injury and property loss. The risks include but are not limited to, those caused by terrain, facilities, temperature, weather, condition of students, equipment, vehicular traffic, actions of other people, including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event. These risks are not only inherent to athletics and student activities, but are also present for volunteers. I hereby assume all risks of participating and/or volunteering in the event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability WITHOUT FAULT. I ACKNOWLEDGE THAT THIS Accident Waiver and Release of Liability form will be used by this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) Waive, Release and Discharge from any and all liability for my disability, personal injury, death, property damage, property theft or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: Adams County District 50, Westminster High School, their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event volunteers;

(B) Indemnify and hold Harmless the entities or persons mentioned in paragraph (A) from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of those entities or persons hereby released, or otherwise. I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns. The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document, and I understand its content:

Participant’s Name	Age	Participant’s Signature	Date
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**WAIVER FOR MINORS (Under 18 Years Old)**

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and parents or legal guardian.

Participant’s Name	Age	Signature of Parent or Guardian	Date
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