



HOLD HARMLESS AGREEMENT and LIABILITY RELEASE STATEMENT

I am the parent or legal guardian of the child or children I am enrolling in the Burlington-Edison Youth Soccer program. I am fully aware that there are inherent risks and dangers which may arise directly or indirectly from my child's participation in this program which include the risk of serious physical injury and death.

I have voluntarily made the choice for my child to participate in this program and expressly assume and accept the risks and dangers. I agree to release, hold harmless and indemnify the City of Burlington, the Burlington-Edison School District, and Skagit County, their respective employees, elected officials, appointed officers, officiating staff, volunteers and agents from and against any and all claims, suits, actions or liabilities for injury or death of any person, or for loss or damage to property which arises out of participation in this program except only such injury or damage as shall have been occasioned by the sole negligence of the City of Burlington.

This release is binding as to any other person, including family members, heirs and executors. I recognize that I may not release any claim that my minor child may have; however, I accept full responsibility for all medical expenses and claims incurred as result of my child's participation in or travels to and from this program. I also agree to release, hold harmless and indemnify the City of Burlington, the Burlington-Edison School District, and Skagit County, their respective employees, elected officials, appointed officers, officiating staff, volunteers and agents for any claims brought by the minor.

I authorize any necessary emergency medical treatment that might be required for my child in the event of physical injury while participating in this program. I grant full permission to the City of Burlington to use any photographs taken of myself or my child during participation in the program for the purpose of program promotion.

This release shall remain in effect for the duration of the program. My signature below signifies that I have read and understand the LIABILITY RELEASE, and it certifies that I am the PARENT or LEGAL GUARDIAN of the Participant. I grant my full and voluntary consent for my child to participate in this program.

PARTICIPANT'S FIRST & LAST NAME (Printed): _____

My signature below signifies that I have read and understand the Hold Harmless Agreement and Liability Release, and it certifies that I am a Parent or Legal Guardian of the Participant.

PARENT/LEGAL GUARDIAN FIRST & LAST NAME (Printed): _____

SIGNATURE: _____ DATE: _____