



**WAIVER AND RELEASE OF LIABILITY SECTION (ADULTS AND MINORS)**

In consideration of being allowed to participate as a water skier and/or in any and all activities, functions or events as a member of the Lake Mohawk Ski Hawk's athletic sports program from April 1, 2021 to April 1, 2022, the undersigned acknowledges and agrees as follows:

- Adult Participants will, prior to participating, inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her team supervisor of such condition(s) and refuse to participate.
- Parent(s) or Legal Guardian(s) of Minor Participants (under 18) will, prior to permitting any such Minor(s) to participate, inspect the facilities and equipment to be used, and if the Parent or Legal Guardian believes anything is unsafe, he or she should immediately advise a team supervisor of such condition(s) and refuse to permit such Minor(s) participate.
- Participants, Parents and Legal Guardians acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence but from the action, inaction or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, they acknowledge that there may be other risks not known to the Lake Mohawk Ski Hawk's or not reasonably foreseeable at this time.
- Participants, Parents and Legal Guardians assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.
- Participants, Parents and Legal Guardians release, waive, discharge and covenant not to sue the Lake Mohawk Ski Hawks, its members, Board of Trustees, volunteers, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releases", from liability to each of the undersigned, his or her heirs and next of kin, for any and all demands, losses or damages on account of injury, including death or damage to person or property caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.
- Participants, Parents and Legal Guardians explicitly permit the use and release of photographs, videos, and other images captured at or around team practices, shows and events, without notice or compensation, on public and private websites, magazines, television, newspapers, advertising materials, and other media and social outlets including but not limited to the LMSH website and social media, and team members social media.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY:

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MINOR/S COVERED BY THIS WAIVER

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ADULT NAME

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SIGNATURE

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DATE

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ADULT NAME

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SIGNATURE

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DATE

**PERMISSION TO RENDER MEDICAL TREATMENT SECTION**  
(Individual form required for **each** adult and minor participant)

**Participant Name:** \_\_\_\_\_

I am in good health and can participate without any accommodations. Please initial one of the following:

Yes \_\_\_\_\_ No \_\_\_\_\_  
(Initial) (Initial)

If "No", please describe accommodations (allergies, medications, disabilities, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Adult/Parent**

In the event of an emergency, I, \_\_\_\_\_, authorize the following person to act on my behalf:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

**For Minors**

In the event of an emergency, should I not be immediately available at any given practice or team event, I \_\_\_\_\_, authorize the following person to act on my behalf for my child:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

**WEEMERGENCY MEDICAL CARE AUTHORIZATION:** In the event of any emergency, I give my consent for emergency medical treatment as is deemed necessary, including, but not limited to on-site and ambulatory treatment, outpatient treatment and hospital treatment. I authorize the Lake Mohawk Ski Hawk Trustees, Show Director, and/or Safety Coordinators to act on my behalf to select and authorize a physician or a hospital to give any emergency care and treatment.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Adult Physician Name, Address and Phone \_\_\_\_\_

Children's Physician Name, Address and Phone \_\_\_\_\_