



**LIABILITY & RISK RELEASE – Minor Athletes:**

I/We the parent(s)/Guardian(s) of the athlete named below, hereby give my/our approval for his/her participation in any and all programs and activities of the Calgary Spartans Track Club. For the purposes of this Release & Waiver, "participating" in means involvement, going to, coming from, before after or during the activities of the Calgary Spartans Track Club.

I release each of the sponsoring parties from all liability and waive as against all of the sponsoring parties all recourses, causes of action or claims of any kind for loss or damages including any consequential damage or loss and I voluntarily accept the legal risk, thereby expressly giving up any right of action and the physical risk arising from all liability whether such liability arises in contract, by reason of negligence or by reason of breach of duty raised by statute or in any other matter whatsoever.

I understand that none of the sponsoring parties assume any responsibility or liability whatsoever for my child's safety while he/she is participating in any of the activities or using any of the facilities in any way.

I have carefully read this Release & Waiver, that I understand it and that I am freely and voluntarily executing it.

By agreeing to this Release & Waiver, I will be forever precluded from suing or otherwise claiming against any of the sponsoring parties for any loss or damage or injury or death I may sustain while participating in any of the activities or using any of the facilities whether or not such loss or injury is caused by the negligence, or fault of any of the sponsoring parties.

This Release and Waiver is binding on myself, my heirs, executors, administrators, personal representatives and assigns.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Print Name of Witness

\_\_\_\_\_  
Print Name of Athlete

Signature of Parent/ Guardian (required if athlete under age of 18) \_\_\_\_\_

Print name of Parent/ Guardian \_\_\_\_\_

\_\_\_\_\_  
Contact e-mail

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Name of Emergency Contact

\_\_\_\_\_  
Emergency Contact Phone Number

Signed / \_\_\_\_ / \_\_\_\_ Day  
Month Year