

ASSUMPTION AND ACKNOWLEDGEMENT OF RISKS
AND
RELEASE OF LIABILITY AGREEMENT
AND
PARENTAL CONSENT AGREEMENT

In consideration of my minor child being permitted to participate in the PHILADELPHIA AREA DISC ALLIANCE ("PADA") sponsored Activities ("Activities") I agree to the following:

1. I understand that PADA organizes and manages leagues and tournaments for the sport known as Ultimate Frisbee (hereinafter "Ultimate"). I understand the nature of Ultimate to be a physical activity which involves significant running and jumping. While Ultimate is a non-contact sport, I understand that collisions between players can occur and collisions between the player and the ground can occur. I understand that participants in PADA Activities range in age from 16 to 50 and that play often involves both genders on the same field at the same time. I fully understand that: (a) PADA Activities involve risks and dangers of SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, BLINDNESS, PARALYSIS AND DEATH ("Risks"); (b) these Risks and dangers may be caused by the Minor's own actions, or inaction's, the actions or inaction's of others participating in the Activity, and the conditions in which the Activity takes place; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES incurred as the result of the Minor's Participation in the Activity.

2. I know Minor's experience and physical capabilities and believe the Minor to be qualified to participate in PADA Activities. I further agree to instruct the Minor that if at any time the Minor believes conditions of the Activities to be unsafe, he/she shall immediately discontinue participation in the Activity.

3. I hereby release, discharge, covenant not to sue, and agree to hold harmless PADA, their respective administrators, directors, officers, volunteers and employees, other participants and if applicable, owners or lessors of premises where Activities are held from all liability, claims, demands, losses, or damages on the Minor's account caused or alleged to be caused in whole or in part by their negligence, including negligent emergent care assistance.

4. I understand that in the event Minor requires medical assistance, effort will be made to contact me, but should such effort fail, I agree to permit Minor to be transferred to the nearest hospital or medical care facility.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I AND THE MINOR HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT. I INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY THE LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Name of Minor Child (Please print)

Date

Printed Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

School Name (PHUEL events) _____ **Team Name:** _____