Individual Waiver of Liability and Release Form

The undersigned participant/parent or guardian of the participant recognizes and acknowledges that activities at the Ethel S. Abbott Sports Complex involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result from participant action, inactions, negligence of others, the rules of play, or the conditions of the premises or any equipment used thereon. Further, I understand that there may be other risks not known or reasonably foreseeable at this time and that such risks shall be assumed by the undersigned.

In my absence, I authorize the employees of the Lincoln Sports Foundation, Inc. (LSF) and or the coach of my (my child's) team to transport _____ to a hospital in case of injury or suspected injury during the times that the above named individual is participating in any event being played at the Ethel S. Abbott Sports Complex or to call for emergency rescue services should they be necessary.

I authorize the attending physician at the hospital to administer necessary emergency medical care to the above named individual upon his/her arrival at the hospital. I will accept responsibility for the payment of any and all treatment provided therein including emergency rescue services,

I further understand the following issues: (1) that I am legally responsible for action of the above named individual including, but not limited to, any damage to private or public property caused by him/her; (2) that I am legally responsible for my own and/or my child's welfare and actions including personal needs and medical expenses; and, (3) that this waiver of liability shall remain in effect through November 30, 2011.

Finally, I declare that my signature below shall serve as a waiver for all claims against the Lincoln Sports Foundation, Inc.; it's Board of Directors, referee's, volunteers, contracted workers, and the employees or agents thereof, the Nebraska Tennis Center, Nebraska Sports Group, Nebraska Training Center and it's volunteers, contracted workers, and the employees or agents thereof. I have read and fully understand the Waiver of Liability and Release provisions contained herein and understand the effect of the relinquishment of the rights, which I hereby waive.

☐ **Yes, we agree to let the Abbott Sports Complex use photos of our child (if taken) as a part of their marketing material.**

☐ **No, we do not agree to let the Abbott Sports Complex use photos of our child (if taken) as a part of their marketing material.**

_____	_____	_____
Print Participant Name Here	***Signature of Participant (Parent or Guardian if under 19)***	***Birth Date***
_____	_____	_____
Participant Address Here	***City/State Zip***	***Date***
_____	_____	_____
Participant Phone Number	***Program / Team Name***	***Age group & gender***

_____

Email