

Waiver and Release Form

Athlete name: _____

UPDATING INFORMATION

I, the undersigned, certify that all information contained in this registration form is accurate and complete to the best of my knowledge. GAP and GMST have my permission to share this information with Coaches, Coordinators, Team Parents, Chaperons, and the GMST and GAP Advisory Boards. I will provide GAP and GMST with any new information that affects the athlete's experience at GAP and GMST. This update includes name and address, contact information of all related parties, medical information, list of prescribed medicines, allergies, and other health conditions.

INSURANCE

I, the undersigned, understand that medical expenses and insurance, which could cover an athlete's medical, hospital or related expenses in the event of injury, are my responsibility. GAP and GMST have purchased accidental medical coverage with a maximum benefit of \$25,000 and a \$500 deductible.

LIABILITY RELEASE

I, the undersigned, understand that occasionally accidents occur to, from, and during sports practices, tournaments or games and that my athlete may sustain serious personal injury or property damages as a consequence thereof. Knowing the risks of sports activities, nevertheless, I agree to assume those risks and by signing this liability release, I intend to legally bind myself, my athlete, my heirs, executors, and administrators. I hereby release and forever discharge, Gwinnett Masters Special Teams and Greater Atlanta Pathways and any of their officers, directors, partners, shareholders, servants, staff or agents and assigns from and against all claims, causes of action, damages, losses and/or expenses arising out of or relating to any injury, illness, or loss of any kind, known or unknown, including but not limited to injuries to property or person, to my athlete during or related to my athletes participation or attendance at GMST Sports or GAP Program activities.

VIDEO AND PHOTOGRAPHS

I, the undersigned, understand that video and photographs may be taken of athletes. I give permission for the video/photographs to be used for GMST and GAP publicity and promotions including the GMST and GAP websites. Athletes may be identified by first name and last initial.

TRAINING SESSIONS. EQUIPMENT AND UNIFORMS

I, the undersigned, permit the athlete named above to attend training sessions. Athletes are expected to attend 80% of the training sessions, and attendance may impact competition participation. I will contact the coach when the athlete is not able to attend. I will promptly pick up the athlete at the completion of practices and competitions. Athletes must return all GMST equipment and uniforms in good condition at the end of the season or pay the replacement cost.

Waiver and Release

Liability, Assumption of Risk and Indemnification Agreement for Communicable Diseases

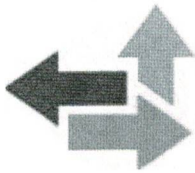
In consideration of being allowed to participate in any way in GAP/GMST training, competition or fundraising activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious and/or communicable diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Greater Atlanta Pathways Inc, Gwinnett Master Special Teams, their officers, officials, agents, and/or



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employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

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Signature of Athlete

Signature of Parent/Guardian/Caregiver

Date

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Printed Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____

Greater Atlanta Pathways (GAP) is a 501(c)(3) Non-Profit Corporation
Tax ID #58-1612686

220 Bayswater Drive, Suwanee, Gwinnett County, Georgia 30024, 404-625-3988