

## **Kickball Waiver of Liability and Assumption of Risk**

**Event:** Faculty/Parent vs. Student Kickball Game

**Date:** Friday, April 4, 2025

**Location:** Micanopy Ball Park

I, the undersigned, hereby acknowledge and agree to the following:

1. **Assumption of Risk**

I understand that participating in the kickball game involves physical activity, which may include running, throwing, kicking, and other movements that can result in injury. I voluntarily assume all risks associated with my participation in this event, including but not limited to injuries to my body, and waive any claim for damages resulting from such injuries.

2. **Waiver of Liability**

I, for myself, my heirs, executors, and administrators, hereby waive, release, and discharge the event organizers, school staff, volunteers, and participants from any and all claims, demands, or causes of action related to injury, damage, or loss of any kind, arising from or in connection with my participation in this kickball game, whether such claims are caused by negligence or otherwise.

3. **Medical Emergency**

In the event of an injury or medical emergency during the game, I authorize event staff to seek medical treatment on my behalf if I am unable to make such a decision due to the nature of the injury or medical condition.

4. **Medical Clearance**

I confirm that I am in good health and capable of participating in the physical activities associated with the game. If I have any medical conditions or concerns, I will consult with a physician before participating.

5. **Photographic Release**

I understand that photos and videos may be taken during the event, and I grant permission for these images to be used in event promotions, on social media, or other school-related publications without compensation.

6. **Acknowledgment of Understanding**

By signing this waiver, I acknowledge that I have read and fully understand the contents of this document. I am voluntarily participating in the kickball game and assume full responsibility for my actions and health during the event.

**Participant Information:**

Full Name: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Medical Conditions (if any): \_\_\_\_\_

**Participant's Signature:**

\_\_\_\_\_

(Signature)

**Date:**