

BOSTON AREA DIVING - WAIVER & RELEASE OF LIABILITY

In consideration of being allowed to participate in any Boston Area Diving athletic program and related events and activities, the undersigned:

1. Agree that prior to participating, or in the case of a minor participant, the parent(s) or legal guardian(s) will instruct the minor participant that prior to participating, he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise the coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses that might result not only from their own actions, inaction or negligence, but the actions, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue Boston Area Diving, The Town of Concord and Northeastern University, its administrators, directors, coaches and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct events, all of which are hereinafter referred to as "releasees", from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

ATHLETE (signature)

DATE

PARENT/LEGAL GUARDIAN (signature/relationship)

DATE

PARENT/LEGAL GUARDIAN (printed name)

Name _____

Address _____ Date of Birth ____/____/____

Town _____ State _____ Zip _____

Phone (____) _____ - _____ E-mail _____ @ _____