



413ATC WAIVER FORM

I agree to waive and release 413 Athletic Training Center, Chicopee, otherwise known as 413ATC, the "Organization," as well as Main Street Management , LLC and any Schools, Towns, organizations and where field training may be established from and against any and all claims, cost liabilities, expenses, or judgments, including attorney's fees and court costs arising from my (or my child's) participation in this program or any illness/injury resulting there from, and hereby agree to indemnify and hold harmless the Organization and any School or Town whose fields are used in conjunction with the organization, from and against any and all such claims, whether caused by negligence or otherwise, except for illness and injury resulting directly from gross negligence or willful misconduct on the part of the organization, School or Town or its officers and employees. I understand and agree that by signing this waiver I am freeing the Organization and any School and/or Town whose fields are used in conjunction with the Organization, including its employees, officers, or agents from any liability resulting from my (or my child's) participation in this approved event or activity. I recognize that the event can be dangerous to me (or my child's) and I accept those dangers which could include severe injury or death. I understand that if I am or my child is injured, this waiver will be used against me and anyone else claiming damage because of my or my child's injury in any legal action. I also understand that no employee or agent is authorized to modify this waiver. I hereby represent that I understand and am familiar with the nature of the activities in which I (or my child) will participate in during this event, that I (or my child) am in good physical health and that I (or my child) do not have physical or emotional conditions, past or present, of which I am aware, which could in any way affect my (or my child's) ability to participate in this activity. I have read and understand this waiver. This form shall be considered valid until canceled or changed in writing by the undersigned. My signature acknowledges that I understand and agree to the above conditions.

Childs Name: _____

Parent/Guardian's Name: _____ Cell# _____

Parent/Guardian SIGNATURE: _____ DATE: _____