

UCAL SPORTS

United Church Athletic League

PLAYER WAIVER – Must be completed before playing 1st game!

In consideration of my child being allowed to participate in the programs and activities offered by or through the United Church Athletic League, a Texas nonprofit corporation ("**UCAL**"), the undersigned parent or guardian of the player named below (the "**Player**") acknowledges and agrees as follows.

1. Participation. By my execution below, I request that the Player be permitted to participate in the programs and activities offered by or through UCAL (collectively, the "**Programs**").

2. Player. The Player is a minor and I am the Player's parent or legal guardian and I am authorized to execute this Player Waiver on behalf of the Player, myself and the Player's other parent or guardian, if any.

3. Risks. The risks associated with UCAL's Programs are significant and such risks include the potential for serious permanent injury, paralysis and even death. While particular rules, equipment, and personal discipline may reduce the risks, the risks will still exist.

4. Rules. I have had an opportunity to review the rules and requirements for participation UCAL's Programs and I agree to comply, and I agree to cause the Player to comply, with such rules and requirements.

5. Hazardous Activities. If I observe or otherwise become aware of any hazardous condition, conduct or circumstance (including those related to premises or equipment) that presents an unreasonable risk to the Player or others in connection with any UCAL Program (collectively, a "**Hazardous Condition**"), I will immediately (i) remove the Player from the Hazardous Condition and (ii) report the Hazardous Condition to referees and UCAL officials.

6. Assumption of Risk. ON BEHALF OF THE PLAYER, MYSELF, AND THE PLAYER'S OTHER PARENT OR GUARDIAN, I KNOWINGLY AND FREELY ASSUME ALL RISKS, BOTH KNOWN AND UNKNOWN, ARISING FROM OR RELATED TO PARTICIPATION ALL UCAL PROGRAMS.

7. Release and Indemnity. ON BEHALF OF THE PLAYER, MYSELF AND THE PLAYER'S OTHER PARENT OR GUARDIAN, TOGETHER WITH MY AND THEIR RESPECTIVE HEIRS, ADMINISTRATORS, EXECUTORS AND PERSONAL REPRESENTATIVES, I DO HEREBY RELEASE THE UCAL PARTIES (AS DEFINED BELOW) FROM ANY AND ALL LIABILITY, LOSS OR DAMAGE FROM ANY ILLNESS, PERSONAL INJURY OR DEATH OF THE PLAYER AND ANY THIRD-PARTY, ARISING FROM OR RELATING IN ANY MANNER TO THE PLAYER'S PARTICIPATION IN THE UCAL'S PROGRAMS AND AGREE TO HOLD THE UCAL PARTIES HARMLESS FROM SAME, REGARDLESS OF WHETHER SUCH ILLNESS, PERSONAL INJURY OR DEATH IS CAUSED IN WHOLE OR IN PART BY THE SOLE, CONTRIBUTORY OR CONCURRENT NEGLIGENCE, STRICT LIABILITY, FAULT OR PROPERTY CONDITION OF ANY ONE OR MORE OF THE UCAL PARTIES, AND REGARDLESS OF WHETHER CAUSED IN COMBINATION WITH THE SAME OR SIMILAR CONDUCT BY ANY THIRD-PARTY(S).

8. UCAL Parties. All references to the "**UCAL Parties**" shall mean (i) UCAL, (ii) all churches participating in UCAL Programs, including without limitation, St. John the Divine, St Luke's United Methodist Church, River Oaks Baptist Church and St. Anne's Catholic Church, Annunciation Orthodox School, Greek Orthodox Church, St. Marks Episcopal Church and School (iii) the owner(s) and/or

operator(s) of any premises on or at which UCAL Programs are conducted; and (iv) the respective owners, directors, managers, officers, employees and volunteers of (i)-(iii).

9. Medical Authorization. In the event injury to or illness of the Player in my absence, I hereby authorize UCAL: (i) to receive all information in connection with any and all actual or proposed medical, dental and surgical treatment for the Player; and (ii) to consent to all medical, dental, and surgical treatment for the Player, for the account of the undersigned Parent/Guardian and not at the expense of UCAL, including without limitation, hospitalization, anesthesia, surgery, dental treatment, blood transfusion, administration of medications and other medical and/or dental procedures.

10. Internet Authorization. I hereby give my permission for UCAL to publish any photo or image that includes the Player with or without identifying information on UCAL's public Internet sites and in any of UCAL's promotional materials.

11. Acknowledgment. I have fully read this Player Waiver and understand that I have given up substantial rights by agreeing to it and do so freely and voluntarily without any reservation or inducement.

Payer's Name (printed): _____

Parent / Guardian Name (printed): _____

Parent / Guardian (signature): _____

Date: _____

Please email scanned copy of signed form to mhonn@robs.org or fax to 713-621-8216 or return to R.O.B.S. School Receptionists.