

# Waiver of Liability and Release

\_\_\_\_\_ Pole Vault Meet

PLEASE READ THE FOLLOWING CAREFULLY. If you have any questions, have them answered before signing this document.

In consideration of being permitted to participate in the \_\_\_\_\_ *Pole Vault Meet*, I, in full recognition and appreciation of the dangers and risks inherent in such activities, do hereby waive, release, and forever discharge the Rush County Pole Vault Meet, its officers, agents and employees, from and against any and all claims, demands, action or causes of action for costs, expenses or damages to personal property or personal injury, or death, which may result from my participation in these activities.

I understand and admit that my participation in the \_\_\_\_\_ *Pole Vault Meet* is voluntary. I assume full responsibility for any injuries or damages resulting from my participation in this activity including responsibility for using reasonable judgment in all phases of participation of the activity and travel to and from the competition location. I recognize and understand that the activities may be hazardous, that my participation is solely at my own risk, and that I assume full responsibility for any resulting injuries and damages.

I affirm that I am in good health. I further declare that I am physically fit and capable to participate in such activities. I acknowledge that it is the recommendation of the \_\_\_\_\_ *Pole Vault Meet* that I obtain general medical/health insurance if I am not already covered. I understand that it is my responsibility to notify the appropriate person at the \_\_\_\_\_ *Pole Vault Meet* of emergency medical information. I also understand that this Waiver of Liability and Release binds my heirs, executors, administrators, and assigns as well as myself.

I acknowledge that I have read and understand this entire Waiver of Liability and Release, and I agree to be legally bound by it.

\_\_\_\_\_  
**Participant's Name**

\_\_\_\_\_  
**Participant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Signature of Parent or Guardian if  
Participant is Under 18 Years of  
Age**