



THE VICTORY WAY

PARTICIPATION WAIVER

Participant Name: _____ **League/Team:** _____

(SIGNATURE IS REQUIRED FOR ACCEPTANCE OF MEMBERSHIP) In consideration of my involvement as a Player /Coach /Participant in THE VICTORY WAY (VICTORY) and my participation in a VICTORY recognized or sanctioned event(s), and if I have agreed to use any VICTORY loaner athletic equipment in order to participate or will use my personal equipment including, but not limited to, helmet, eye goggles, gloves, shoulder/chest pads, lacrosse stick, arm pads, shin guards, athletic footwear, etc. I agree to the following:

Acceptance of Risk; Release; Indemnification: I am fully aware of and understand the risks associated with me and/or my child or ward, including without limitation: (a) I and/or my child or ward could contract COVID-19 or other diseases such as the flu or legionnaires disease which could result in a serious medical condition requiring medical treatment in a hospital or could possibly lead to death; and (b) I and/or my child or ward will be subject to normal risks associated with participation in a VICTORY event including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in an athletic event. I further agree on behalf of myself, my child or ward, my heirs, and personal representatives, that THE VICTORY WAY, the host organization, and sponsors of any VICTORY recognized or sanctioned event(s), along with coaches, officials, referees, umpires, volunteers, employees, agents, officers and directors of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my participation in the event(s).

Medical Attention: I hereby give my consent to THE VICTORY WAY and the host organization of any VICTORY recognized or sanctioned event(s) to provide, through a medical staff of its choice, medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation in a VICTORY recognized or sanctioned event(s).

Readiness to Compete: I will only participate in those VICTORY recognized or sanctioned competitions or activities in which I believe I am physically and psychologically prepared to participate.

Code of Conduct: I have read and agree to all terms in THE VICTORY WAY Players Code of Conduct.

Photo/Video Release: I have read and agree to all terms in THE VICTORY WAY General Photo/Video Release

Signature of Participant (> 18 years of age NA): _____ **Date:** _____

FOR ANY PARTICIPANT WHO IS NOT YET 18 YEARS OLD: As the parent or legal guardian of this participant, I hereby verify by my signature below that I have read and fully understand each of the above conditions for permitting my child or my ward to participate in any VICTORY recognized or sanctioned event(s), and I accept each of the above conditions, especially the waiver and release set forth in paragraph one. I also hereby authorize THE VICTORY WAY to publish photographs and or video taken of the minor child listed below at a VICTORY event, and his/her name and likeness, for use in VICTORY's print, online and video-based marketing materials, as well as other VICTORY publications. I hereby release and hold harmless THE VICTORY WAY from any reasonable expectation of privacy or confidentiality for the minor child listed below associated with the images/footage specified above. I further acknowledge that participation is voluntary and that the minor child will not receive financial compensation of any type associated with the taking or publication of these photographs and or video. I acknowledge and agree that publication of said photos and or video confers no rights of ownership or royalties whatsoever. I hereby release THE VICTORY WAY, its contractors, its employees and any third parties involved in the creation or publication of THE VICTORY WAY publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Printed Name: _____

Emergency Contact Person: _____ **Phone:** _____

The Victory Way office: 1001 Avenida Pico, Suite C #627, San Clemente, CA 92673

Questions? Please email: admin@vlax.org

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