

# LOS ANGELES WAVES NETBALL CLUB

## 2023 WAIVER – FORM LAWNC-W2023

### ACKNOWLEDGEMENT AND RELEASE

In consideration of **The Los Angeles Waves Netball Club** (the “Club”), **it’s committee and members, The County of Los Angeles Recreation and Parks Department**, and their heirs, executors, administrators, successors and assigns from all actions, causes of action, suits, debt, dues, sums of money, accounts, reckonings, bonds, bills, specialties, covenants, contracts, controversies, agreements, promises, variances, trespasses, damages, judgments, extents, executions, claims, and demands whatsoever, in law, admiralty or equity, I ever had, now have or hereafter can, shall or may, have for, upon, or by an reason whatsoever, resulting from my participating in the Club’s training, league, tournament, rally or netball activity administered by the Club; hereby acknowledge and agree to the following:

- 1) I am fully aware that Netball trainings and tournaments may be physically demanding and that, accordingly, there may be risks directly or indirectly related to my participation, including, but not limited to, the possibility of physical injury (including catastrophic injury, or death) which might result not only from my actions, inaction, or negligence, but the actions, inaction, or negligence of others, the rules of play, the conditions of the premises, or any of the equipment used. This includes any risks not reasonably foreseeable to The Los Angeles Waves Netball Club, it’s committee and members, The County of Los Angeles Recreation and Parks Department.
- 2) I acknowledge the provisions of this Acknowledgment and Release and I expressly assume all risks relating to my participation in the Club and I accept personal responsibility for the damages following any such injury.
- 3) I hereby forever release and discharge The Los Angeles Waves Netball Club, it’s committee and members, Netball America, The County of Los Angeles Recreation and Parks Department against any and all causes of action, claims, suits, controversies, agreements, promises, judgments, demands or claims whatsoever, that I or my spouse, heirs, executors, administrators, successors or assigns have or hereafter, at any time, shall or may have against Netball America, arising out of or in connection with my participation in the Club.
- 4) By signing **FORM LAWNC-W2023**, I accept responsibility for all medical expenses incurred that exceed the limits or are outside the Club insurance coverage.
- 5) As a player/coach/umpire/volunteer with the Club, I may be admitted to any hospital or medical facility for diagnosis and treatment. In case of injury, accident or illness, I authorize the head coach, committee member, general member or on-site medical/first aid staff to provide appropriate medical treatment. If an emergency transport is deemed necessary, I authorize the same to summon an ambulance to transport me, the individual to the hospital. I request and authorize physicians, athletic trainers, technicians, first aid personnel, nurses, and dentists, to perform any diagnostic, treatment, or operative procedures, and x-rays. I accept total responsibility for any and all medical costs that exceed the limits or are outside the Club insurance coverage.
- 6) I grant full permission to the Club to use my name and likeness, where lawful, with no obligation to compensate me, in and in connection with any photographs, videotapes, motion pictures, recordings or other record, whether print, on-line, audio or video.

IN WITNESS WHEREOF, the undersigned has executed and agreed to this Acknowledgment and Release as of the date stated via the google form at:

[https://docs.google.com/forms/d/e/1FAIpQLSffGcqrqctr644gg7pc49XZqFgJypm6TV-EEEnjoS6yIJXTg/viewform?usp=sf\\_link](https://docs.google.com/forms/d/e/1FAIpQLSffGcqrqctr644gg7pc49XZqFgJypm6TV-EEEnjoS6yIJXTg/viewform?usp=sf_link)

Print Name:	Signature:	Date:	Email:
(Parent of Minor) Print Name:	(Parent of Minor) Signature:	Date:	Email:

Address, City, State, Zip, Country:	Phone Number:
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