

INSURANCE WAIVER

Emergency Medical Care Policy, Indemnity and Hold Harmless Agreement and Discipline Policy

NAME OF PARTICIPANT _____ Date _____

USATF Member Number _____ Valid to: _____

PLEASE READ CAREFULLY BEFORE SIGNING

Welcome to our USA POLE VAULT BUREAU ASSOCIATION (USAPVPA) practice sessions held at the National Guard Armory: Absecon Boulevard, New York Avenue Atlantic City, NJ 08401-1999

- For liability purposes we are asking each parent to sign the following form, providing their agreement to the policy:

- I understand that my child(ren) must be an active member of in good standing to the rules of compliance of the USATF to participate in any of USA POLE VAULT BUREAU ASSOCIATION (USAPVPA) practice sessions. *Register USATF <http://www.usatf.org/Products---Services/Individual-Memberships.aspx>*

- I understand that participation in these practicing sessions is voluntary and that any sport that utilizes a pole and vaulting in the air can be dangerous to your child(ren).

- If my child's behavior is disruptive to the rest of the participants, I understand that I or my spouse will be notified at the end of that days event. On a second occasion, if my child's behavior is disruptive, the child will be unable to participate for the day. On a third occasion, if my child's behavior is disruptive, he/she will be escorted to me or my spouse at the end of the days event and will not be permitted to be permitted to practice sessions for the remainder of the year. I also understand that any prepaid monies would be forfeited.

- By signing this form, I agree not to hold USA POLE VAULT BUREAU ASSOCIATION (USAPVPA) or sponsoring organization or any of their members or trustees, liable for any injuries that may occur to my child(ren) while participating in these practice activities.

- I authorize the Coaching staff to select and secure medical attention including any medical transport as may be necessary for my child as a result of injuries or other events requiring emergency care while I/we are not in attendance at such event.

- I hereby release said coaches or organizers from any and all liability on account of such selection or authorization for any and all damages which occur on account thereof.

- I realize that this USA POLE VAULT BUREAU ASSOCIATION (USAPVPA) and it's organization do NOT provide insurance protection and that my child is practicing the sport of Pole Vaulting at their own risk.

I (Print) _____ (parent's name) agrees to indemnify and hold harmless the USA POLE VAULT BUREAU ASSOCIATION (USAPVPA) and it's employees/volunteers, from and against all claims, damages, losses and expenses, including attorneys fees in case it shall become necessary to file an action arising out of performance of the work herein which is (1) for personal or bodily injury, illness or death, or for property damage, including loss of use, and (2) caused in whole or in part by (Print) _____ (child(ren) name negligent act or omission or that of a volunteers, or that of anyone employed by them or for whose acts contractor or subcontractor may be liable. This indemnification and agreement shall apply in all instances whether the USA POLE VAULT BUREAU ASSOCIATION (USAPVPA) is made a party to the action or claim or is subsequently made a party to the action by third-party in-pleading, or is made a party to a collateral action arising in whole or in part from any of the issues emanating from the original cause of action or claim.

I have read and do understand the insurance waiver, emergency medical care policy, indemnity and hold harmless agreement and the discipline policy herein and I agree to abide by and adhere to it's terms.

By: (Print) _____ (signature of parent) _____

Date: _____

Emergency Phone Number : _____

Medical Insurance Co. _____ and ID# _____

Email : _____