

The Dream Team Foundation
P.O. Box 668
Lancaster, SC 29721

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS – READ CAREFULLY BEFORE SIGNING.

In consideration of _____, my minor child/ward, being allowed to participate in the Dream Team Foundation Programs in Lancaster County, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child from the activities involved in these programs is significant, including the potential permanent disability and death, and while particular rules, equipment and personal discipline may reduce the risk of serious injury does exist; and
2. FOR SPOUSE, CHILD, AND MYSELF I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK, both known and unknown. EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEE or others, and assume full responsibility for my child's participation; and,
3. I willingly agree to comply with programs stated and customary terms and conditions for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and
4. I myself, spouse, my child, and on behalf of my/our heirs, assign, personal representatives and next of kin, HEREBY RELEASE the other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leases of the premises used to conduct the event (RELEASES), **WITH RESPECT TO ANY AND ALL INJURY DISABILITIES, DEATH, or loss or damage to person or property** incident to my child's involvement or participation in these programs. WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE, to the fullest extent, permitted by law.
5. I, for myself, my spouse, my child, and on behalf of my/our heirs, assign personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above releases from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law; and
6. I, for myself, my spouse, my child, and on behalf of my/our heirs, assign personal representatives and next of kin, such participant's likeness may be photographed or videotaped and that such images may be published in an outlet used to promote or publicize the program.
7. I further release all officials, volunteers or professionals from any claim whatsoever on account of the first aid, treatment, or services rendered during participation in this activity.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARENT/GUARDIAN

PRINT NAME

DATE

I UNDERSTAND THE SERIOUSNESS OF THE RISKS INVOLVED IN PARTICIPATING IN THIS PROGRAM, MY PERSONAL RESPONSIBILITIES FOR ADHERING TO RULES AND REGULATIONS, AND ACCEPT THEM AS A PARTICIPANT.

PARTICIPANT NAME

PRINT NAME

DATE