**Waiver of liability and Release**

**Pat Licari**

**Pole Vault Club**

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

In consideration of being permitted to participate with *Pat Licari PV Club*, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , in full

recognition and appreciation of the dangers and risks inherent in such activities, do hereby waive, release, and forever discharge Pat Licari PV cluband their facility, 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 *Pat Licari PV Clib* is voluntary. I assume full responsibility for any injuries or damages resulting from my participation in this program including responsibility for using reasonable judgment in all phases of participation of the program and travel to and from vaulting facilities. 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 of participation in such activities. I acknowledge that it is the recommendation of Pat Licari PV *Club* 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 in the facility 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.

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Participant’s Name Participant’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian if

Participant is Under 18 Years of Age