

RELEASE OF LIABILITY WAIVER

Name of Participant: _____

I, (we) despite all reasonable precautions implemented for safety, am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in the programs or activities. I knowingly assume all such risks. Consequently, I hereby for myself, heirs, executors and administrators, do waive and release any and all rights and claims for damages against the directors, operators, coaches and other members of DCAL (Denver Charter Athletic League) from personal injury or accident of any sort of nature suffered by me, the undersigned, by reason of travel to or from participation in competition, practice, or activities of DCAL.

Parent or Legal Guardian Signature

_____ **Date** _____

Parent Phone Number: _____

Parent Secondary Phone Number: _____

Insurance Company: _____

Policy Number: _____

List any medical, physical or psychological needs of your child that you'd like us to be aware of:

Physicians Clinic: _____

Physicians Name: _____

Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____