

## GLACIER FC

### RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

#### **READ BEFORE SIGNING**

IN CONSIDERATION OF being allowed to participate in any way in Glacier FC's athletic program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) to myself from the activities involved in these programs are significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my readiness for participation and/or in the program itself, I will remove myself from the participation and bring such attention of the nearest official immediately; and,
4. I myself, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Glacier FC; its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property incident to my involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees 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.
6. I assert that I know the risks of the activity, my responsibilities for adhering to the rules and regulations, and confirm that I understand this agreement.

#### **CONSENT FOR MEDICAL TREATMENT (OPTIONAL)**

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during this event.

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Player Initials

**MEDIA RELEASE (OPTIONAL)**

I understand that at this event or related activities I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and/or assigns.

\_\_\_\_\_  
Player Initials

**UNDERSTANDING OF RISK (\*REQUIRED\*)**

I understand the seriousness of the risks involved in participating in this program and my personal responsibilities for adhering to rules and regulations. I accept them as a participant.

\_\_\_\_\_  
Player Initials

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

\_\_\_\_\_  
Player Name

\_\_\_\_\_  
Player Signature

Player Date of Birth: \_\_\_\_\_

Signature Date: \_\_\_\_\_