Waiver of Liability and Release

Texas Winter Pole Vault Showcase

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

In consideration of being permitted to participate in the *Texas Winter Pole Vault Showcase* I, in full recognition and appreciation of the dangers and risks inherent in such activities, do hereby waive, release, and forever discharge the Texas Winter Pole Vault Showcase Meet, Zero G Elite Pole Vault, Wahoo Sports and Entertainment, the City of Waco, 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 the *Texas Winter Pole Vault Showcase* is voluntary. I assume full responsibility for any injuries or damages resulting from my participation in this activity including responsibility for using reasonable judgment in all phases of participation of the activity and travel to and from the competition location. 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 to participate in such activities. I acknowledge that it is the recommendation of the *Texas Winter Pole Vault Showcase* 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 at the *Texas Winter Pole Vault Showcase* 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.

_____ _____

Participant's Name **Participant's Signature**

_____ _____

Date **Witness**

_____

Signature of Parent or Guardian if Participant is Under 18 Years of Age