



"Waiver and Release of Liability," "Consent Form" and "Permission to Treat Form" **MUST** be signed.

**AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY**

In consideration of being allowed to participate in the BAY STATE GAMES, athletics/sports programs, and related events and activities, the undersigned:

1. Agree that prior to participating, or in the case of a minor participant, the Parent(s) or legal guardian(s) will instruct the minor participant that prior to participating, he/she should inspect the facilities and equipment to be used, and if the participant believes anything to be unsafe, he/she should immediately inform his/her coach or supervisor(s) of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their actions, inaction's or negligence, but the actions, inaction's or negligence of others, the rules of play, or the conditions of the premises or of any equipment used. Further, that there may be risk not known to us or reasonably foreseeable at this time.
3. Assume the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue the BAY STATE GAMES, its affiliated clubs, their respective administrators, directors, agents, coaches and other employees of the organization, other participants, sponsoring agents, advertisers, volunteers and, if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as 'releases', from any and all liability to each of the undersigned, his/her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be because in whole or in part by the negligence of the releasee or otherwise.
5. I currently have, and agree to maintain throughout the time that I train and compete, valid and sufficient medical and accidental insurance. I understand that this is my sole responsibility and release all persons and entities from providing coverage for me.

**I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I/WE SIGN IT VOLUNTARILY.**

Athlete's signature \_\_\_\_\_ Date \_\_\_\_\_

*If athlete is less than 18 years old, then parent or legal guardian must also sign below*

Parent or Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

Print name of Parent or Guardian \_\_\_\_\_

**ATHLETE'S CONSENT FORM**

1. I consent, without compensation, to allow my pictures or likeness to appear in publications, advertisements and/or television coverage of the BAY STATE GAMES in any manner incidental to my participation.
2. I consent to allow my phone number and address to be distributed ONLY to accredited media, college coaches, registered sports scouts, sports recruiting agencies and for entry into the State Games of America.
3. I have read, understand, and agree to abide by the rules and regulations outlined by the Bay State Games at [www.baystategames.org](http://www.baystategames.org)

**I/WE HAVE READ THE ABOVE CONSENT FORM, UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I/WE SIGN IT VOLUNTARILY.**

Athlete's signature \_\_\_\_\_ Date \_\_\_\_\_

*If athlete is less than 18 years old, then parent or legal guardian must also sign below*

Parent or Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

Print name of Parent or Guardian \_\_\_\_\_

**PERMISSION TO TREAT IN MEDICAL EMERGENCIES**

**To be signed by parent or guardian if athlete is under 18 years old.**

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I authorize the Bay State Games, its staff and medical personnel, to transport my child to the nearest medical care facility and secure emergency medical treatment, including hospitalization, injections, anesthesia or surgery.

Parent or Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

Print name of Parent or Guardian \_\_\_\_\_