Coaches – Please have every member of your official roster or their parent/guardian sign this form.

TEAM NAME: _____ **TEAM GENDER & DIVISION:** _____

VIRGINIA COMMONWEALTH GAMES
RELEASE OF LIABILITY, ASSUMPTION OF RISK ACKNOWLEDGMENT AND PARTICIPATION AGREEMENT

I DESIRE TO PARTICIPATE IN AND/OR ATTEND THE VIRGINIA COMMONWEALTH GAMES, HOSTED BY THE VIRGINIA AMATEUR SPORTS, INC. AND ITS RELATED EVENTS AND ACTIVITIES ("GAMES") AND AT ANY/ALL VENUES. IN ORDER TO PARTICIPATE IN OR ATTEND THE GAMES, I AGREE TO THE TERMS BELOW AND ASSUME ALL RISKS ASSOCIATED WITH MY PARTICIPATING IN OR ATTENDING THE GAMES, INCLUDING THOSE SPECIFICALLY IDENTIFIED BELOW.

***ASSUMPTION OF RISKS*. I ACKNOWLEDGE THAT THE GAMES AND RELATED ACTIVITIES HAVE INHERENT RISKS THAT MAY AFFECT ME, INCLUDING, BUT NOT LIMITED TO, PROPERTY DAMAGE OR LOSS, TEMPORARY OR PERMANENT BODILY INJURY, SICKNESS, AND EVEN DEATH.** SPECIFIC RISKS RELATED TO THESE ACTIVITIES INCLUDE, BUT ARE NOT LIMITED TO: NEGLIGENCE OR CARELESSNESS OF OTHER PARTICIPANTS AND THIRD PARTIES, UNWANTED/ACCIDENTAL CONTACT WITH OTHER PARTICIPANTS AND THEIR PLAYING EQUIPMENT, EQUIPMENT FAILURE, FAST-MOVING PLAYING EQUIPMENT (INCLUDING THINGS LIKE STICKS, BALLS, FLYING DISCS, JAVELINS, BATONS, BULLETS), CONTACT WITH THE PLAYING SURFACE AND SURROUNDING ELEMENTS, ENVIRONMENTAL CONDITIONS (INCLUDING WEATHER), BEING SHOT OR BURNED, SLIPPING, TRIPPING, FALLING, UNPREDICTABLE ANIMAL BEHAVIOR, LACERATIONS FROM SKATES, DROWNING, AND MY INDIVIDUAL SUSCEPTIBILITY TO HARM OR INJURY (WHETHER KNOWN OR UNKNOWN TO ME). THE RESULTS OF THESE AND OTHER INHERENT RISKS MAY INCLUDE, BUT ARE NOT LIMITED TO, EYE INJURY, SERIOUS NECK AND SPINAL INJURIES, COMPLETE OR PARTIAL PARALYSIS AND/OR BRAIN DAMAGE, SERIOUS INJURY TO INTERNAL ORGANS, BONES, JOINTS, LIGAMENTS, MUSCLES, TENDONS, AND OTHER ASPECTS OF MY MUSCULOSKELETAL SYSTEM, CONCUSSIONS, SPRAINS, AND OTHER SERIOUS INJURY OR IMPAIRMENT TO OTHER ASPECTS OF MY BODY, AND MY GENERAL HEALTH AND WELL-BEING.

I, FOR MYSELF AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE VIRGINIA AMATEUR SPORTS, NATIONAL CONGRESS OF STATE GAMES , THEIR OFFICERS, OFFICIALS, AGENTS AND/OR EMPLOYEES, OTHER PARTICIPANTS, SPONSORING AGENCIES, SPONSORS, ADVERTISERS, AND, IF APPLICABLE, OWNERS AND LESSORS OF PREMISES USED FOR THE ACTIVITY ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW.

GOVERNING LAW; FORUM SELECTION; SEVERABILITY: THIS DOCUMENT WILL BE GOVERNED BY VIRGINIA LAW. ANY LEGAL ACTION OR CLAIM ARISING OUT OF OR RELATING TO IT OR MY PARTICIPATION IN THE GAMES MUST BE BROUGHT IN A STATE COURT SITTING IN RICHMOND, VA. IF ANY PROVISION HEREIN IS FOUND TO BE INVALID OR UNENFORCEABLE, THE OTHER PROVISIONS WILL REMAIN IN FULL FORCE AND EFFECT.

MEDICAL FITNESS AND TREATMENT AUTHORIZATION: I AGREE THAT I AM IN SUFFICIENTLY GOOD HEALTH TO PARTICIPATE IN THE GAMES AND THAT I AM FREE FROM ANY MEDICAL CONDITION, PHYSICAL OR MENTAL, THAT COULD INTERFERE WITH MY ABILITY TO PARTICIPATE OR THAT COULD BE WORSENED BY PARTICIPATING OR THAT COULD ENDANGER MY HEALTH OR SAFETY OR THE HEALTH OR SAFETY OF OTHER PARTICIPANTS. IN THE EVENT OF AN INJURY, ILLNESS, AND/OR ACCIDENT INVOLVING ME, I HEREBY CONSENT TO FIRST AID TREATMENT FROM VIRGINIA AMATEUR SPORTS STAFF AND TO ANY MEDICAL TREATMENT THAT MEDICAL PROFESSIONALS BELIEVE ARE IN MY BEST INTEREST. I FURTHER GRANT VIRGINIA AMATEUR SPORTS AND/OR ITS REPRESENTATIVE AUTHORITY TO TRANSPORT ME TO A HEALTHCARE PROVIDE AND TO REQUEST MEDICAL AND/OR HOSPITAL TREATMENT FOR MY BENEFIT IN THE EVENT OF ANY INJURY OR ILLNESS SUSTAINED BY ME WHILE PARTICIPATING IN THE GAMES. I ASSERT THAT EITHER I HAVE VALID AND CURRENT INSURANCE COVERAGE FOR ANY INJURY OR DAMAGE I MAY CAUSE OR SUFFER WHILE PARTICIPATING IN THE GAMES, OR I AGREE TO PERSONALLY BEAR THE COSTS OF SUCH INJURY OR DAMAGE, INCLUDING ANY CO-PAYS FROM SECONDARY INSURANCE, IF AVAILABLE.

SEXUAL ABUSE & MOLESTATION: ORGANIZERS RESERVE THE RIGHT TO BAR THE PARTICIPANT OR COACH FROM THE EVENT IF IT IS REPORTED TO AND CONFIRMED BY ORGANIZERS THAT THE PARTICIPANT IS A REGISTERED SEX OFFENDER.

COMMUNICABLE DISEASES INCLUDING COVID-19: In consideration of being allowed to participate on behalf of athletic program and related events and activities, the undersigned acknowledges, appreciates, and agrees that: Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and, 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, I willingly agree to comply with the stated and customary terms and conditions forparticipation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS (insert name of sports organization) their officers, officials, agents, and/or employees, 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 ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

CONSENT TO USE IMAGE AND SOUND: I HEREBY GRANT VIRGINIA AMATEUR SPORTS, VIRGINIA TOURISM CORPORATION & THEIR PARTNERS/SPONSORS PERMISSION TO RECORD, USE, REPRODUCE, EDIT, DISPLAY, COPYRIGHT, AND PUBLISH PHOTOS, AUDIO RECORDINGS, AND/OR VIDEO OF ME WHILE I AM PARTICIPATING IN THE GAMES FOR THE PURPOSE OF PROMOTING THE GAMES, VIRGINIA AMATEUR SPORTS AND THEIR PARTNERS (FACILTIIES AND TOURISM, ETC).

PARTICIPANT CONSENT (required of all participants, regardless of age)
BY SIGNING BELOW, I AGREE I HAVE CAREFULLY READ AND UNDERSTAND THIS DOCUMENT, I AGREE TO ALL OF THE TERMS ABOVE, AND HEREBY ASSUME ALL RISKS ASSOCIATED WITH THE ACTIVITIES AT THE GAMES.

PARENT/GUARDIAN CONSENT (required if the participant is less than 18 years of age)
As the parent and/or legal guardian to the minor participant identified above, I agree I have carefully read and understand this document, I agree to all of the terms above and adopt all representations, consents, and acknowledgements made by my child above, both personally and on behalf of my child, and hereby assume the risk that the minor participant may be injured while participating in activities at the Games.

Athlete Name (Printed)	Athlete Signature	Parent/Guardian Signature