



# BSF NIGERIA

## ATHLETE WAIVER

In consideration of being permitted to participate in any activity (the "Activity") with the Nigerian Women's Bobsled Team, I for myself, my personal representatives, assigns, heirs, next of kin:

- (1) Acknowledge, agree, and represent that I understand the nature of the activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
- (2) Fully understand that:
  - a. Athletic activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis and death ("risks");
  - b. These Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, of the Negligence (but not the gross negligence and/or willful and wanton misconduct) of the "releases" named below:
  - c. There may be other risks and social and economic losses either known or not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibilities for losses, costs, and damages I incur as a result of my participation in the Activity
- (3) Herby release, discharge and covenant not to sue, including, but not limited to the, NSF, the personnel of the Nigerian Women's Bobsled team, the Activity organizers, the Activity sponsors, those persons and/or organizations administering the Activity, the designer, constructor and operator of the Activity site, its/their sponsors and suppliers, including the representatives, and related affiliated and subsidiary companies of each, as well as the officers, directors, agents, employees and assigns of each, clubs, coaches, officials, administrators members, volunteers, participants, sponsors advertisers, and if applicable, -owners, lessors and operators of the premises on which the Activity takes place, and any other party indemnifies and held harmless by the NSF (each considered one of the "Releasees" herein) from liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence (but not the gross negligence and/or willful and wanton misconduct) of the "Releasees" or otherwise, including rescue operations, security, travel, and recreational operations and activities; and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releases from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

### **Agree to participate**

I, or we in case of a parent on behalf of a participant under the age of eighteen (18) years old), grant the Directors, Assistants, or assigned chaperones of this event to act as guardians/spokesman in granting permission for emergency treatment/hospitalization (including anesthesia) if necessary for m or for my child (in the case of a parent on behalf of a participant under the age of eighteen (18) years old) en route to or from or at the Activity site or hospital or other medical facility. Should a health emergency arise, medical treatment as deemed necessary by component medical personnel is authorized. In the case of a parent on behalf of a participant under the age of eighteen (18) years old, I understand that should a



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health emergency arise, I will be attempted to be notified but that if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized. I hereby state that to the best of my knowledge the supplied medical history and physical examination forms are complete

I have read this agreement, fully understand its terms, understand that I have given up substantial rights and by signing it and having signed it feely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance notwithstanding shall continue in full force.

**PRINTED NAME OF PARTICIPANT** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**Participant signature (only if age 18 or over):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**MINOR RELEASE:** And I the minor's parent and/or legal guardian, have read this agreement, fully understand its terms, understand the nature of the athletic activities and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity.

**PRINTED NAME OF PARENT/GUARDIAN** \_\_\_\_\_

**ADDRESS:**  
\_\_\_\_\_  
\_\_\_\_\_

**PHONE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_