

# Wolverines Club Football Club



## 2023 Wolverine Football Club Waiver and Release Form

*(Please Print and Fill-Out prior to showing up to your event)*

### Participant Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Phone Number: \_\_\_-\_\_\_-\_\_\_\_\_

### Wolverine Football Club Sponsored Events:

- Wolverine Football Club Skills Camp
- Wolverine Football Club Summer Camp
- Wolverine Football Club Spring Program
- Wolverine Football Club Weightlifting
- Wolverine Football Club Fall Football
- Wolverine Football Club 7v7 Passing League

### Please Read Carefully Before Signing (Adult – 18yrs of age and older; Minor – under 18 years of age.)

In consideration of my and/or my child or ward's participation in the Sport Type(s) and Event referenced above and any related activities (collectively, the "Event"), wherever the Event may occur, I agree to assume all risks incidental to such participation (which risks may include, among other things, muscle injuries and broken bones). On my own and/or my child or ward's behalf, and on behalf of my and/or my child or ward's heirs, executors, administrators and next of kin, I hereby release, covenant not to sue, and forever discharge the Released Parties (as defined below) of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with me or my child or ward's participation in the Event and/or any such activities, and further agree to indemnify and hold each of the Released Parties harmless from and against any and all such liabilities, claims, actions, damages, costs or expenses including, but not limited to, all attorneys' fees and disbursements up through and including any appeal. I understand that this release and indemnity includes any claims based on the negligence, action or inaction of any of the Released Parties and covers bodily injury (including death), property damage, and loss by theft or otherwise, whether suffered by me or my child or ward either before, during or after such participation.

I declare that I and (if participating) my child or ward are physically fit and have the skill level required to participate in the Event and/or any such activities. I further authorize medical treatment for me and/or my child or ward, at my cost, if the need arises. For the purposes hereof, the "Released Parties" are Wolverine Football Club, Aliso Niguel High School (including, but not limited to, its Wolverine Football Club/Boosters), Capistrano Valley Unified School District, and their respective parent, subsidiaries and other affiliated or related companies; and the officers, directors, employees, agents, contractors, sub-contractors, representatives, successors, assigns, and volunteers of each of the foregoing entities.

I further grant the Released Parties the right to photograph and/or videotape me and/or my child or ward and further to display, use and/or otherwise utilize my and/or my child or ward's name, face, likeness, voice, and appearance, in all media, whether now known or hereafter devised (including, without limitation, in print, photographic, video, social media, online, and magazines) and in all forms including, without limitation, digitized images, whether for advertising, publicity, or promotional purposes, including, without limitation, publication of Event results and standings, without compensation, reservation or limitation. The Released Parties are, however, under no obligation to exercise any rights granted herein.

This Waiver and Permission Form shall be governed by the laws of the State of California, and any legal action relating to or arising out of this Waiver and Permission Form shall be commenced exclusively in the courts in Orange County, California, and I specifically waive the right to trial by jury. I certify I am 18 years of age or older and, if I am executing this Waiver and Permission Form on behalf of my child or ward, the information set forth above pertaining to my child or ward is true and complete.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Signature of Participant (if over 18) or  
Parent (if participant is under 18) or Court  
Appointed Guardian

\_\_\_\_\_  
Print Name of Participant or Parent  
(if Participant is under 18) or Court Appointed  
Guardian