

**Fort Bend Austin High School Athletic Booster Club Softball Tournament  
Consent & Liability Waiver—Release of all claims**

**Player Information**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Home Phone \_\_\_\_\_ Emergency Contact \_\_\_\_\_

As lawful consideration for being permitted to participate in the Fort Bend Austin High School Athletic Booster Club softball tournament I agree that I will not make a claim against, sue, attach the property of or prosecute Fort Bend Austin High School Athletic Booster Club, Fort Bend ISD and their agents, sponsors and employees for damages for death, personal injury or property damage which I may sustain as a result of my participation in this tournament. This release is intended to discharge in advance Fort Bend Austin High School Athletic Booster Club, Fort Bend ISD and their agents, sponsors and employees from and against any and all liability, including for negligent actions, arising out of or connected in any way with my participation in the I tournament except for liability that may arise out of the willful or wanton misconduct of Fort Bend Austin High School Athletic Booster Club, Fort Bend ISD and their agents, sponsors and employees. I FURTHER UNDERSTAND THAT SPORTS INVOLVE PHYSICAL CONTACT BETWEEN PLAYERS, THAT SERIOUS ACCIDENTS OCCASIONALLY OCCUR DURING SUCH SPORTING ACTIVITIES AND THAT PARTICIPANTS IN SUCH SPORTING ACTIVITIES OCCASIONALLY SUSTAIN SERIOUS PERSONAL INJURIES (INCLUDING DEATH) AND/OR PROPERTY DAMAGE, AS A CONSEQUENCE THEREOF. KNOWING THE RISKS OF PARTICIPATION, NEVERTHELESS, I HEREBY AGREE TO ASSUME THOSE RISKS AND TO RELEASE AND HOLD HARMLESS FORT BEND AUSTIN HIGH SCHOOL ATHLETIC BOOSTER CLUB, FORT BEND ISD AND THEIR AGENTS, SPONSORS AND EMPLOYEES WHO (THROUGH NEGLIGENCE OR CARELESSNESS) MIGHT OTHERWISE BE LIABLE TO ME (OR MY HEIRS OR ASSIGNS) FOR DAMAGES. By signing as an adult player, I attest that I am eighteen (18) years old or older, am physically fit and have no known medical conditions which prohibit participation in this sport. By signing as a parent/guardian of the minor player, I attest that my child is physically fit and has no known medical conditions which prohibit his/her participation in this tournament. I agree to follow all laws, rules and guidelines regulating the conduct of the tournament. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND FORT BEND AUSTIN HIGH SCHOOL ATHLETIC BOOSTER CLUB, FORT BEND ISD AND THEIR AGENTS, SPONSORS AND EMPLOYEES, AND I HAVE SIGNED IT OF MY OWN FREE WILL.

**In addition, I authorize representatives of Fort Bend Austin High School Athletic Booster Club to request medical treatment as necessary to insure my well being or the well being of my minor child.**

Player Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or guardian signature if player under 18 years of age:

I, the undersigned, hereby certify that I am the parent or legal guardian of the player and I represent that I have the legal capacity an authority to act on behalf of the minor named herein.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Parent/Guardian Name \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_

Policy # \_\_\_\_\_ Member # \_\_\_\_\_ Group \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Please indicate any medical or special needs, or allergies \_\_\_\_\_

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