

**Forsyth Central Feeder Team**  
**Waiver of Liability, Assumption of Risk, and Emergency Contact**

In consideration of being allowed to participate in any way in the Forsyth Central Feeder Program with Forsyth Central High School, the undersigned acknowledges, appreciates, and agrees that:

1. I knowingly and freely assume all risks, both known and unknown. Even if arising from the negligence of the releases or others, and assume full responsibility for my participation; and,
2. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual 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
3. I, for myself hereby release and hold harmless Forsyth Central High School or the Forsyth County School System their coaches, players, event coordinators, officers, officials, agents, and/or any 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 injury, disability, or death, or loss or damage to person or property, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by the law.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

\_\_\_\_\_ Date signed: \_\_\_\_\_  
(Print Participant's Name)

FOR PARTICIPANTS OF MINORITY AGE  
(UNDER AGE 18 AT THE TIME OF PARTICIPATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from their negligence, to the fullest extent permitted by the law.

\_\_\_\_\_ Date signed: \_\_\_\_\_  
(Parent/Guardian Signature)

Emergency Phone Number: \_\_\_\_\_

**Proof Of Insurance**

Name of Insured \_\_\_\_\_ Name of person holding policy \_\_\_\_\_

Name of Insurance company \_\_\_\_\_ Policy Number \_\_\_\_\_