



**PROJECT AWARENESS AND SPECIAL SPORTS (PAASS)**  
**WAIVER OF LIABILITY, MEDICAL RELEASE, AND INDEMNIFICATION AGREEMENT**

I hereby voluntarily permit \_\_\_\_\_, to participate in the Friday Night Monthly Social Club.

As consideration for being permitted by PAASS to participate in this activity, I hereby release and hold harmless PAASS, volunteers, and designated supervisors from all liability, and from all actions or claims that I or my child now or hereafter have for damage or injury to my child, or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with my child's participation. I further agree that this waiver, release and assumption of risks are to be binding on the heirs and assigns of the undersigned.

I further agree to indemnify and to hold PAASS (its officers, employees, agents and volunteers) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that I or my child may cause or sustain while participating in this activity.

I also grant for PAASS to administer first aid treatment for any minor injuries or illnesses experienced by participant. If the injury or illness is life threatening or in need of emergency treatment I authorize PAASS to summon any and all professional emergency personnel. PAASS will make reasonable efforts to contact responsible party prior to any treatment of participant but no emergency treatment will be withheld if responsible party cannot be reached. Responsible party will assume liability for the payment of, and actually pay, any and all medical expenses incurred in connection with any medical treatment of participant.

PAASS does not disclose your nonpublic personal medical and financial information, except as required or permitted by law. PAASS also does not provide any medical or other insurance protection.

**I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND PAASS AND I SIGN IT OF MY OWN FREE WILL.**

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**PARTICIPANT NAME AND SIGNATURE IF OVER 18**

**Date**

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**PARENT NAME AND SIGNATURE IF UNDER 18 OR CONSERVED.**

**Date**



**EMERGENCY CONTACT INFORMATION**

**PARTICIPANT:** \_\_\_\_\_  
NAME

**CONTACT #1:** \_\_\_\_\_  
NAME

\_\_\_\_\_  
CONTACT NUMBER

**CONTACT #2:** \_\_\_\_\_  
NAME

\_\_\_\_\_  
CONTACT NUMBER