



## Capitol Pegasus FHC Waiver Form

Player's First and Last Name: \_\_\_\_\_

Player CPEG Uniform #: \_\_\_\_\_

School: \_\_\_\_\_

High School Graduation Year (ex. 2015, 2016...): \_\_\_\_\_ School Grade (ex. 8th, 11th...): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State, Zip: \_\_\_\_\_

Birthdate (mm/dd/yyyy): \_\_\_\_\_ Current Age: \_\_\_\_\_ Height: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Emergency Contact Name/Relationship to Player: \_\_\_\_\_

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

Parent Email (Mandatory): \_\_\_\_\_

Player Email (Optional): \_\_\_\_\_

### RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT

I hereby release and discharge Capitol Pegasus FHC, its agents, employees, staff members, directors, and officers from any claims, responsibilities or liabilities for injuries or harm incurred as a result of my participation and/or my child's participation as a player or spectator in programs and activities.

I fully understand that: these activities involve risks and dangers of serious bodily injury, ("RISKS"); these Risks and dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the activity, the condition in which the activity takes place, or the negligence of the "RELEASEES" named below; there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation or that of the minor in the Activity.

I authorize Capitol Pegasus FHC, its agents, employees, staff members, directors and officers to take whatever action is necessary, in their best judgment, in an emergency and I hereby release discharge Capitol Pegasus FHC, its agents, employees, staff members, directors and officers from any responsibility or liability related thereto. I hereby grant Capitol Pegasus FHC permission to use my, and/or my child's name, picture or likeness in any printed media or any form of advertisement. I fully renounce any and all claims upon Capitol Pegasus FHC for reimbursement for use of this material. Capitol Pegasus fees/payments are non refundable.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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