

RELEASE FROM LIABILITY AGREEMENT

**To: The Insurance Mommas at Benedetti & Associates – Clairton Sportsmen’s Club, Inc.
(Activity)**

In Consideration of _____ **(Minor)** being permitted to participate in the **Activity**, the undersigned does hereby on behalf of myself, my heirs, executors, administrators and assigns does hereby:

1. State that the undersigned is the parent or guardian of the **Minor** and that the undersigned understands that certain of the events to be conducted during the **Activity** require physical exertion and that the **Minor** is physically fit to participate in such events and gives permission to the **Minor** to participate in **Activity**.
2. Assumes all risk of the **Minor** participating in the **Activity**.
3. Acknowledges and understands that the **sponsors** nor any other sponsors of the **Activity** carry or maintain health, medical or disability Insurance coverage for the **Minor** and that the undersigned assumes all responsibility for maintaining such coverage if same is desired by **Minor** and that the undersigned assumes all responsibility for maintaining such coverage if same is desired by the undersigned for the **Minor**.
4. Consents to have any staff, employees, agents or representative of the **sponsor** or any other sponsor of the **Activity** administer such emergency medical care to the **Minor** as deemed appropriate under the circumstances.
5. Indemnifies and saves harmless the **sponsor**, all other sponsors of the **Activity**, and all member organizations of the **sponsor**, and their respective members, employees, officers, directors, shareholders, affiliates, agents, representatives, successors and assigns from and against any and all liability incurred by any of them arising as a result of or emanating from the **Minor’s** participation in the **Activity**.
6. Release and forever discharge the **sponsor**, all other sponsors of the **Activity** and all member organizations of the **sponsor**, and their respective members, employees, officers, directors, shareholders, affiliates, agents, representatives, successors and assigns of and from all claims, demands, damages, costs, actions and causes of action in respect to death, injury, property or other damages arising or to arise by reason of **Minor’s** participation in **Activity**.
7. Agree that in the event that any provision of this Release is held to be invalid by a Court of Competent jurisdiction such invalid provision will not affect the remaining provisions, of this Release, which shall continue to be enforceable.
8. Consent to use of any photographs, motion pictures, digital or other recordings made of the **Minor’s** participation in the **Activity** for any legitimate purpose and without further consideration.
9. This Release shall be governed by the laws of the Commonwealth of Pennsylvania.

I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE WITH THE PROVISIONS SET FORTH ABOVE AND INTENDING TO BE LEGALLY BOUND HEREBY I HAVE SIGNED THIS RELEASE ON THE

_____ DAY OF _____ 2019

Name – Print / Signature of Parent or Guardian (PLEASE PRINT CLEARLY)

Street Address

City, State, Zip Code

E-mail Address (PLEASE PRINT CLEARLY)

YOUTH DAY 2019 - PRE-REGISTRATION FORM

Sponsored by: The Insurance Mommas at Benedetti & Associates & Clairton Sportsmen's Club
Hosted by: Clairton Sportsmen's Club

SATURDAY- JULY 27, 2019

Registration: 7:00am- 8:30 am

Program: 8:30am- 4:30 pm

Pre-Registration is required. Pre-Registration Deadline is July 10, 2019

Late Registrations on a first come first serve basis.

A parent or guardian **must** accompany each participant

Participants will be placed on one of several squads

Please Print Clearly

Any Participant Allergies (please be specific) _____

Participant's Name _____

Participant's Age _____

Number of Adults attending _____

Parent's Phone Number _____ (PLEASE PRINT CLEARLY)

Name of Individuals or Group You Wish to Be paired with (if applicable) _____

(please identify full names of individuals you wish to be paired or with)

***No Team Substitutions or Changes will be made after the July 10, 2019 deadline**

Please complete **both** sides of this form and mail to:

**The Insurance Mommas at Benedetti & Associates, INC.
Att: Youth Day 2019
620 Lincoln Highway,
North Versailles, PA 15137**

Form can also be faxed or emailed to:

Email: benassoc@verizon.net FAX: 412.829.2706

Have Questions? Please call Debbie or Lori at 412-829-9500