



**BELMONT LITTLE ATHLETICS CENTRE INC.**  
Affiliated with Athletics West

## **Parent Injury Waiver Form**

I, \_\_\_\_\_ of \_\_\_\_\_, being of sound mind and body acknowledge that I am participating in \_\_\_\_\_. I affirm that I am in good physical condition and do not suffer from any disability that would significantly prevent or limit my participation in the afore mentioned event undertaken at **Belmont Little Athletics Centre** in a way that would endanger the safety of myself or other members.

I understand and am fully aware of the fact I will be involved in an athletics event which will involve strenuous physical exercise that may include but is not limited to throwing, jumping and running. I further understand that participating in the afore mentioned event can cause me bodily harm.

In the event I am injured or suffer any short-term or long-term physical harm, I release **Belmont Little Athletics Centre Inc.**, its Committee, members and athletes from any and all liabilities now or in the future including but not limited to medical, hospital, paramedic or ambulatory care.

I release **Belmont Little Athletics Centre Inc.**, its Committee, members and athletes from liability for any and all injuries sustained now or in the future, including, but not limited to pulls or tears (muscles, ligaments or tendons), muscle strains, broken bones, joint dislocations, hyperextensions of bones and joints, ankle, knee, hip, lower back, shoulder, elbow, wrist, finger or toe injuries, heart attacks, strokes, loss of vision, concussion, fatalities, dental trauma, amnesia, death, emotional scarring, or any other injury or illness however caused, occurring during or after my participation in any event competed in at **Belmont Little Athletics Centre**.

***All parents are required to provide their own medical coverage.***

I hereby affirm that I have read fully, understand and agree with the above statements.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Emergency Contact Information:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Phone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_