



**Northland Little League
Waiver, Release and Indemnity Agreement**

The participant named below (hereafter, the "Participant") requests to be part of an activity to be conducted through Northland Little League (hereafter referred to as NORTHLAND LITTLE LEAGUE). The undersigned parents or legal guardians of the participant acknowledge that:

- There are risks of personal injury associated with participation in athletic training programs, events, and activities, which can result in temporary or permanent disabilities, severe injury, death, and/or property loss. And, as a result of this participation, NORTHLAND LITTLE LEAGUE provides no pre-enrollment medical examination and takes no responsibility for monitoring and assessing the health and physical condition of the Participant.

In consideration of being allowed to participate in any way on the Northland Little League team through related games, events, practices and activities, undersigned acknowledges, appreciates, and agrees that:

- I/We consent to the Participant participating in programs, events, and activities through NORTHLAND LITTLE LEAGUE.
- I/We accept and assume full responsibility for consulting with a doctor about the training program required to participate in any event at NORTHLAND LITTLE LEAGUE, and hereby warrant, represent, and state that the Participant named below is in good physical condition and that the Participant has no disability, impairment, or ailment that would prevent him/her from safely participating in the training program, activities or events through NORTHLAND LITTLE LEAGUE. In case of an emergency, I/we grant permission for medical treatment to be given at a local hospital or medical treatment facility and will be responsible for payment for treatment rendered, including ambulance service. I/we acknowledge that neither NORTHLAND LITTLE LEAGUE nor its volunteer staff has responsibility to provide first aid to or seek medical treatment for Participant.
- I/We accept and assume all risk and responsibility for accidents, illness, injury, death and /or damages which may result from the Participant traveling to or from or participating in any of the training programs, events or activities through NORTHLAND LITTLE LEAGUE, and hereby waive, release and discharge NORTHLAND LITTLE LEAGUE and its members, officers, directors, employees, and agents or anyone or any entity associated with NORTHLAND LITTLE LEAGUE (Released Parties) from any and all liability therefore. I/we are giving up all my/our rights to bring legal action or assert a claim against Released Parties whether arising from the negligence of the releases or otherwise.
- I/We agree to indemnify, hold harmless, and defend Released Parties from any and all claims, lawsuits, demands, damages, liabilities, losses and expenses, including attorney's fees and administrative expenses, of every kind, known and unknown, present and future, in any way related to Participant's participation in the training programs, activities and events at NORTHLAND LITTLE LEAGUE. I/we further expressly agree that this Waiver, Release and Indemnity Agreement is intended to be as broad and inclusive as permitted by law in the State of Minnesota and that if any portion hereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full legal force and effect.
- I/We agree that this Agreement extends forever into the future and applies to all activities by Participant through NORTHLAND LITTLE LEAGUE.
- NORTHLAND LITTLE LEAGUE may take pictures, videos or voice recordings of participants or spectators and I/We grant permission for NORTHLAND LITTLE LEAGUE to use my and /or my minor child/ward's name, image and quote for advertising, commercial or marketing related purposes.

In consideration of NORTHLAND LITTLE LEAGUE permitting Participant to participate in its programs, use its facilities and equipment, and with the knowledge of the associated risks to the Participant, I/We agree to the following:

I/WE HAVE READ THE FOREGOING AND UNDERSTAND ITS TERMS. I/WE SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

PARTICIPANT'S FULL NAME: _____ BIRTH DATE: _____

PARTICIPANT'S HOME ADDRESS _____

PARENT / GUARDIAN FULL NAME: _____

X _____ DATE SIGNED: _____
PARENT/GUARDIAN SIGNATURE