

LIABILITY RELEASE AND WAIVER

COMMITMENT:

We have read, understand, and accept the policies and program objectives expressed in the Family Sports Handbook. We understand that we must have attended one FEAST Sports Orientation session for this year of participation before the student-athlete named above may participate in any way in FEAST Sports. We acknowledge that the FEAST Board of Directors reserves the right to make final decisions regarding all aspects of all FEAST programs.

We have read, understand and accept the Medical Authorization and Release Waiver below.

We understand that FEAST is a non-profit organization and that FEAST cannot assume responsibility for losses, damages or injuries which may occur as a result of participation in this program.

We understand that the student athlete and/or parent is responsible for damage done to any FEAST property and the cost of repair and/or replacement of that property.

We will support the policies and objectives of FEAST with our conduct, attitude, and conversation when in the FEAST facility, and any FEAST Sports activity, or when we are representing FEAST Sports.

In addition to the terms laid out above, I also accept the responsibility of insuring that my children understand and accept these policies and objectives. To the best of my knowledge, my child is physically fit for participation in this sport, and is neither seeing a physician for any sports injury nor being treated with any medication that may affect his or her performance.

MEDICAL AUTHORIZATION AND RELEASE WAIVER

IN CONSIDERATION OF OUR STUDENT'S PARTICIPATION IN THE FEAST SPORTS PROGRAM:

We, the parents of the named child, do hereby release and hold harmless the directors, coaches, medical attendants, and adult leaders of the FEAST Sports Program from any and all liability for all losses, damages or injuries occurring as a result of our child's participation in the program's activities, including travel to and from tournaments and other games within the San Antonio area or other cities as required. We further agree to make or cause to be made, by assignment of third party benefits or otherwise, full and complete payment for examination, treatment or hospital care required in the case of medical emergency.

We understand that reasonable precautions will be taken to make the program safe and beneficial for all children, but that risk of injury cannot be eliminated entirely, and that this release is necessary for our child to participate in the FEAST Sports Program.

FURTHERMORE, WE HEREBY AUTHORIZE, in the event our child suffers injury, any director, coach, medical attendant, or adult leader of the FEAST Sports Program to consent to emergency medical treatment for our child when we cannot be contacted to so consent. Such medical treatment may include, without limitation, x-ray examination, anesthetic, medical diagnosis, treatment, or hospital care being required, and is given to provide authority and power on the part of a director or coach of the FEAST Sports Program to give specific consent to any and all such examination, treatment, or surgical examination or treatment and general hospital care. No prior determination of life-threatening emergency or danger of serious or permanent injury resulting from delay of treatment need be made under this authorization.

This authorization is given in advance of any specific hospital care.