

SantaFe HealthCare, Inc. and AvMed, Inc.
Participant Waiver of Liability and Hold Harmless Agreement

Full name of Participant to use the fields: _____

I, the Participant named above, or the parent or guardian of the above named Participant acknowledges that participation in athletic events necessarily involves risk of physical injury.

I further acknowledge that the staff nor any employees of SantaFe Healthcare, Inc. or AvMed, Inc do not administer or supervise these programs and do not supply or maintain any equipment for these programs.

In consideration for permitting the voluntary participation of said individual in programs on these fields, I hereby agree to release, discharge and hold harmless SantaFe Healthcare and AvMed, Inc., its Board members, officers, employees, agents, servants and other representatives from any and all claims, including the cost of defense and legal fees, arising out of or relating to any physical injury that may result to said individual while participating in events, including any physical injury caused by the negligence of any official, referee or coach while performing his/her duties during any practices or games.

This agreement shall apply to the Participant, myself, and any other individuals that are my responsibility or that accompany me to the fields.

Signature of Participant

Date

Signature of Parent or Guardian
(if participant is under the age of 18)

Date