



**JOHNSON COUNTY PARK/HOOSIER HORSE PARK**  
 P.O. BOX 246, FRANKLIN IN 46131  
 812-526-6809, 812-526-9816 FAX 812-516-0104

AMATEUR ATHLETIC  
 MINOR WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in Johnson County Park Department athletic/sports program, and related events and activities, the undersigned:

1. Agree that prior to participating the participants or the parent(s) or legal guardians of the minor participants each will inspect the facilities and equipment to be used, and if they believe anything to be unsafe, they will immediately advise their coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue Johnson County Park Department, its affiliated clubs, their respective administrators, directors, agents, coaches and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability to each of the undersigned, his or her next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

THE UNDERSIGNED HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTANDING THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

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 PARENT OR GUARDIAN (SIGNATURE/RELATIONSHIP) DATE

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 PARENT OR GUARDIAN (SIGNATURE/RELATIONSHIP) DATE

Printed Name of Parent or Guardian \_\_\_\_\_

Printed Name of Participant \_\_\_\_\_

Address of Participant \_\_\_\_\_

\_\_\_\_\_

Institution/Organization \_\_\_\_\_