

# GCAA Stallions Liability Release Form



## RELEASE AND INDEMNITY AGREEMENT

As part of the consideration for participating in the Greater Cabarrus Athletic Association (GCAA) Program and or using the associated practice and playing facilities and equipment, and in consideration of the voluntary nature of such participation and use, I hereby release, hold harmless, and forever discharge GCAA, its employees, volunteers, coaches and agents, from any and all liability, claims, demands, actions, and causes of actions whatsoever arising out or related to any loss, property damage, or personal injury, including death, that may be sustained by me or to any property belonging to me, while participating in such activity. Such participation includes practice, club functions, competition, open gyms and travel to and from all Sports Club activities. I am fully aware of the risks and hazards associated with participation and use of the facilities and equipment. I hereby elect voluntarily to participate in said activities and fully acknowledge that the full responsibility for any risk or loss, property damage, or any personal injury, including death, that may be sustained by me or any loss or damage to property owned by me as a result of being engaged in such activities. I further acknowledge that I have procured on my own adequate insurance for such loss, damage, and injury. In addition, I give permission to be treated by qualified medical personnel in the event of injury. I further agree to indemnify and hold harmless the event facility, its employees and agents, from any loss, liability, damage or cost, including court costs and attorney's fees that they may incur due to my participation in said activities. This release and hold harmless agreement is binding on me, my heirs, assigns, and personal representatives.

**PLEASE NOTE: Children 12 and younger must be accompanied by an adult age 18 or older at all events.**

## CONTACT INFO

Player's Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Participant Signature. Parent or Guardian must sign if  
Participant is under the age of 18.

\_\_\_\_\_  
Date

This consent expires 365 days from the date of my signature, but I have the right to revoke it in writing at any time by sending written notification to GCAA. I understand that a revocation is not effective to the extent action has already been taken in reliance on this consent.

GCAA may take pictures or videos of participants at our programs, activities or special events. Please be aware that the picture may appear in future promotional materials, including our brochures and website.

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## STUDENT-ATHLETE CONCUSSION STATEMENT

Participation in recreation sports/activities may involve the risk of injury; especially concussions. As a participant, I am aware of these hazards and my ability to participate.

I am aware of the following information as pertaining to concussions

**(Please Initial Each Line):**

\_\_\_\_\_ A concussion is a brain injury, which I am responsible for reporting to a physician or athletic trainer.

\_\_\_\_\_ A concussion can affect your ability to perform everyday activities, your reaction time, balance, sleep, and classroom performance.

\_\_\_\_\_ You can't see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

\_\_\_\_\_ If I suspect a teammate has a concussion, I am responsible for reporting the injury to a physician or athletic trainer.

\_\_\_\_\_ I will not return to play in an event, game or practice if I have received a blow to the head or body that results in concussion related symptoms.

\_\_\_\_\_ Following concussion the brain needs time to heal. You are much more likely to have a repeat concussion, if you return to play before your symptoms resolve.

\_\_\_\_\_ In rare cases, repeat concussions can cause permanent brain damage, and even death.

Concussion symptoms include:

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Amnesia                       | <input checked="" type="checkbox"/> Confusion                             | <input checked="" type="checkbox"/> Headache                          |
| <input checked="" type="checkbox"/> Loss of consciousness         | <input checked="" type="checkbox"/> Balance problems or dizziness         | <input checked="" type="checkbox"/> Double or fuzzy vision            |
| <input checked="" type="checkbox"/> Sensitivity to light or noise | <input checked="" type="checkbox"/> Nausea (feeling that you might vomit) | <input checked="" type="checkbox"/> Feeling sluggish, foggy or groggy |
| <input checked="" type="checkbox"/> Feeling unusually irritable   | <input checked="" type="checkbox"/> Concentration or memory problems      | <input checked="" type="checkbox"/> Slowed reaction time              |

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