



Parkland Home Educators Association Sports Waiver

From Seed-time to Harvest

NOTICE: BY SIGNING THIS DOCUMENT YOU ARE GIVING UP CERTAIN RIGHTS, INCLUDING THE RIGHT TO SUE. *PLEASE READ CAREFULLY.*

The undersigned understands that there are inherent risks involved in the physical education activities offered by PHEA, and fully accepts and fully assumes all risks and hazards and the possibility of personal injury, death, property damage or loss resulting there from (including negligence on the part of PHEA, its members/participants, coaches/instructors employees & volunteers).

IN CONSIDERATION of PHEA agreeing to provide a physical education program including activities noted and not noted on the schedule of activities form, the undersigned, for myself, my children, members of my family, my administrators, executors, successors and assigns, HEREBY waive all rights and claims and release PHEA, its members/participants, instructors/coaches, employees and volunteers, from all liability with respect to any injury, (including death) or property loss or damage (including loss by fire or theft) and all damages, losses, costs, and expenses suffered or incurred by me or members of my family in any way arising from or during any activity or event organized or instructed by PHEA or the use or occupation of the PHEA property, whether or not caused by the negligence of PHEA, its members/participants, coaches/instructors, employees or volunteers.

I agree to indemnify and hold harmless PHEA, its members/participants, coaches/instructors, employees and volunteers from and against any demand, action, suit or proceeding of every kind and nature whatsoever with respect to such injury or property loss or damage.

DATED: _____

SIGNATURE: _____

WITNESSED BY: _____

(Non-family member)

(Print Name)

(Print First and Last Name of Participants)

(Print Name of Witness)

(Print Full Address)

(Print Full Address)

NOTE: In the case of children under the age of 19, a parent or guardian must sign this form.