



CARIBBEAN HERITAGE SPORTS COMPETITION

AUTHORIZATION, RELEASE AND WAIVER - YOUTH

By signing this form or submitting your registration you waive important legal rights. Please read carefully. This agreement must be completed in full before you can participate in any activity for the Caribbean Heritage Sports Competition (hereinafter, "CHSC").

ATHLETE NAME: _____

I _____ hereby authorize CHSC and its representatives consent to immediate injury treatment for my child when I cannot be reached to provide consent. I also give CHSC and its representatives consent to administer the necessary emergency care to my child, to stabilize and/or improve the current injury or condition that my child may have sustained during activities related to the sporting event. No prior determination of life threatening emergency or danger of serious permanent injury resulting from treatment need to be made under this authorization.

Exceptions to this authorization are as follows:

I am fully aware that any activity involving this sporting event may involve a personal risk of damage or injury and I hereby release, absolve and hold harmless CHSC, and their Representatives, Volunteers, the Facility where it is held, from any and all liability for all losses, damages, injuries or incidents occurring as a result of my child's participation in the Caribbean Heritage Sports Competition. I further agree to waive, release and forever discharge CHSC and its parties from and against any and all claims, actions, demands, liabilities, damages and expenses of any kind and howsoever arising that I have or may have in the future against CHSC and its parties resulting from, arising in connection with or otherwise related to my child's participation in the Sports Day.



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I certify that my child has not been advised against partaking in sporting activities by a qualified health professional. I further certify that my child is in good physical condition and not limited to participate in any physical activities during CHSC Sports Day except as noted here:

Media Release

I authorize CHSC to use photographs, motion pictures, videos, recordings or any other record for this event for use on its website, social media, promotional materials or sales and waive any rights of compensation or ownership thereto.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND I AM FULLY AWARE THAT BY SIGNING THIS AGREEMENT OR BY REGISTERING I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE, WHICH I, OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNEES, MAY HAVE AGAINST THE ORGANIZERS AND ITS PARTIES.

PARENTS/GUARDIAN SIGNATURE: _____ DATE: _____