



# Freedom Cowboys Athletics

## LIABILITY WAIVER

This **Liability Waiver Form** must be completed, and signed by the parent or guardian for each student athlete (including cheerleaders) before participation in any Freedom Cowboys Athletics practice, game, activity, contest, or event. The original must be on file with the Athletic Director.

## PARENT / GUARDIAN RELEASE

FOR AND IN CONSIDERATION OF the mutual promises, covenants, conditions, representations, and warranties contained herein, and for other good and valuable consideration, the receipt and legal sufficiency of which are hereby acknowledged, it is agreed as follows:

The undersigned hereby releases and forever discharges Freedom Cowboys and any future Freedom organization, along with all of its agents, volunteers, directors, officers, assigns, and attorneys, from any and all claims, demands, actions, causes of action or suits arising out of any injuries, known or unknown, which have resulted or may in the future result from any Freedom sponsored athletic practice, game, activity, travel, contest, or event.

The undersigned hereby assumes all risk of injury associated with any such Freedom Cowboys athletic practice, game, activity, travel, contest, or event and fully indemnifies and holds harmless all Freedom entities, and future entities, along with its agents, volunteers, directors, officers, assigns, and attorneys from and against each and every liability, loss, cost, damage, and expense, including attorney's fees, which Freedom Cowboys along with its agents, employees, directors, officers, assigns, and attorneys may incur as a result of any Freedom Cowboys sponsored athletic practice, game, activity, travel, contest, or event.

*This liability waiver / release applies to the following student athlete:*

**STUDENT'S NAME:** \_\_\_\_\_  
First Middle Last

**HOME ADDRESS:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street City State Zip

*Currently enrolled in:*

**SCHOOL NAME:** \_\_\_\_\_

**SCHOOL ADDRESS:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street City State Zip

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
**Parent / Guardian's Signature**

\_\_\_\_\_  
**Parent / Guardian's Printed Name**

**(A copy of this form must be given to the Athletic Director)**

**Freedom Cowboys 256-656-4796**