NATIONAL SPORTS CENTER

- This form applies to all events held at and/or organized by the National Sports Center for 1/1/10 -12/31/10.
- Parent/Guardian's initials and signature are required for youth players.
- A copy of this form must be submitted to each event.
- Retain a copy for future use.

NSC – Victory Links Golf Course Waiver

Parent to INITIAL each statement.

The undersigned hereby,

_____ Agree that prior to participating, if present, I will inspect the facilities & equipment, & if I believe anything to be unsafe, will immediately advise my coach, supervisor, or NSC staff member of such conditions.

_____ Acknowledge & fully understand that each player is voluntarily participating in activities that involve risk of injury (including catastrophic injury, or death) which might result not only from their own actions, inactions, or negligence, but the actions, inactions, or negligence of others, the rules of play, the conditions of the premises, or any of the equipment used. This includes any risks not reasonably foreseeable to the NSC.

_____ Assume all the foregoing risks as a condition of participation & accept personal responsibility for the damages following any such injury.

_____ Unconditionally release, waive, & consent not to sue the National Sports Center Foundation (NSCF), officers, directors, administrators, agents, coaches, other employees, and volunteers of the NSCF, sponsoring agencies, sponsors, advertisers, Minnesota Youth Athletic Associations, Minnesota Amateur Sports Commission, and State of Minnesota, for any & all liability to the undersigned, their heirs & next of kin. This is for any claims or losses on account of injury, including death, or damage to property, while participating in any & all of the NSC's official or unofficial activities, events, or competitions.

_____ Accept responsibility for the coach's and/or player's decision to continue participation if suffering from injuries.

_____ Give permission for statistical medical data to be used anonymously in medical education & published studies of injury statistics & analysis. Consent to use, without compensation, my picture, name, voice or likeness for promotional, television, radio, or film coverage of NSC events. The NSC is not responsible for photographs taken by spectators.

Permission to Administer Medical Care - by signing this form, you have accepted responsibility for all medical expenses incurred whether or not you are covered by insurance.

As the parent/guardian of the participant named above, I request that in my absence, the named player be admitted to any hospital or medical facility for diagnosis & treatment. In case of injury, accident or illness, I authorize the head coach & on-site volunteer medical/first aid staff to provide appropriate medical treatment. If an emergency transport is deemed necessary, I authorize the same to summon an ambulance to transport the player to the hospital. I request & authorize physicians, athletic trainers, technicians, first aid personnel, nurses, & dentists, to perform any diagnostic, treatment, or operative procedures, & x-rays for the named player. I have been given no guarantee as to the results of examination or treatment. I accept total responsibility for any and all medical costs of the above player.

I Have Read and Understand the Above Release and Grant My Permission to Administer Medical Care.

_____	_____	_____
participant name (print)	participant signature	date
_____	_____	_____
parent / guardian name (print)	parent signature *	date

*** Parent / Guardian must sign if the Player is registered as a youth player.**

_____	SCOTT ROTH
Program Name	PGA Head Golf Professional - VLGC