

**ATHLETE WAIVER & RELEASE OF LIABILITY AGREEMENT**  
**BIG SKY AUTISM PROJECT**

I, \_\_\_\_\_, the Responsible Party for \_\_\_\_\_  
*Name of Responsible Party* *Name of Athlete*

hereto referred to as 'the Athlete or Athlete', agree to the following:

1. The Athlete is participating in the training, program(s), exercise(s) and event(s), offered by instructors, coaches, and staff of Big Sky Autism Project during which they will receive instruction.
  2. I understand that it is my responsibility to consult with the Athletes' physician prior to participation in any services offered by Big Sky Autism Project regarding the Athletes' participation in any fitness program(s). I represent and warrant that the Athlete is physically able to participate in the services I have selected from Big Sky Autism Project. The Athlete has no life threatening medical conditions which would prevent the Athlete from participating in the services offered by Big Sky Autism Project.
  3. In consideration of the Athlete being permitted to participate in any or all of Big Sky Autism Projects services, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which the Athlete might cause or incur as a result of participating in these programs, classes, trainings, exercises and events.
  4. In consideration of the Athlete being permitted to participate in any or all of Big Sky Autism Projects services, I knowingly, voluntarily, and expressly waive any claim I may have against Big Sky Autism Project's instructors, coaches, staff, Board of Directors, facility owners, or insurers for injury or damages that the Athlete may sustain as a result of participating in the services offered by Big Sky Autism Project.
  5. The Athletes' heirs or legal representatives forever release, waive, discharge, and covenant not to sue Big Sky Autism Project or its Board of Directors, instructors, coaches, staff, facility owners or insurers for any injury or death caused by negligence or other acts.
- **I have read the above waiver and release of liability and fully understand its contents.**
  - **I represent that I have the legal capacity and authorization to act on behalf of the Athlete named herein.**

**With my signature below, electronic or handwritten, I voluntarily agree to the terms and conditions stated above.**

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date

Name of Athlete (Print) \_\_\_\_\_ Birthdate \_\_\_\_\_

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