



Ben Lippen School Athletics
Release, Waiver of Liability and Indemnification Agreement
(Alternative Transportation Waiver)

I acknowledge my child and/or dependent has agreed to participate in Ben Lippen School's Athletic Program henceforth known as the "Program".

I understand participation in the Program is not mandatory and participation is purely voluntary.

I understand Ben Lippen School will provide transportation to and from the Program event location(s).

It is the understanding of Ben Lippen School that you have elected to make alternative transportation arrangements and will NOT participate in the travel arrangements provided. **(Please note: 1. Under NO circumstances are minor athletes allowed to drive other non-related minor athletes without prior written permission from the school. 2. If adult other than parent/guardian will be providing transportation prior written permission from the school must be obtained. No minor participant will be released to unauthorized persons.)**

It is, therefore, understood that you accept full responsibility for travel arrangements and the associated costs. Further, as set forth below, Ben Lippen School is NOT responsible for any injury or damage which may arise out of your participation in the Program or alternative travel arrangements.

I understand that travel/transportation arrangements to and from the Program event locations are available to me and I have elected to decline these arrangements. I accept full responsibility for travel arrangements. I understand that if personal vehicles will be utilized, the vehicle's insurance may be primary and the school secondary. Ben Lippen School reserves the right to verify coverages under that policy and confirm other drivers insurance is acceptable to the School's insurance policy.

As consideration for being permitted by Ben Lippen School to participate in these activities, I agree that Ben Lippen School and its officers, trustees, employees, agents, representatives, and

any department, organization or group affiliated therewith, assume NO responsibility for any injury or damage arising out of, or in part caused by, my participation in the Program, either while in transit to or from or at the Program locations.

In the event that I am injured, I agree to assume any financial obligation, either through my personal insurance, or through some other means, for any medical costs I may incur. Ben Lippen School assumes no responsibility for any medical expenses, injury, or damage suffered in connection with the Program.

IT IS MY INTENTION BY SIGNING BELOW TO ASSUME ALL RISK OF PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE UPON MYSELF, AND TO EXEMPT BEN LIPPEN SCHOOL FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH.

By signing this agreement, I waive the right to bring any legal action now or at any future time to recover compensation or obtain remedy for any injury to myself, my child and/or dependent, my property or death, however caused, arising out of participation in the Program. I further agree that I, my spouse, guardians, heirs and legal representatives will not make any claim against or sue for any loss or damage resulting from participation in the Program. I am aware of potential dangers and risks associated with participation in the Program. I am aware that this agreement serves as a release of liability, a waiver of my legal right to collect damages in the event of injury, death or property damage.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND BEN LIPPEN SCHOOL AND SIGN IT OF MY OWN FREE WILL.

THE MINOR **AND** PARENT OR GUARDIAN HAS READ AND VOLUNTARILY SIGNS THIS AGREEMENT AND DOES SO VOLUNTARILY AND WITH THE UNDERSTANDING THAT SUBSTANTIAL RIGHTS MAY BE GIVEN UP.

SIGNATURE OF STUDENT/PARTICIPANT (required)

PRINTED NAME OF STUDENT/PARTICIPANT

DATE

SIGNATURE OF PARENT OR GUARDIAN (required)

DATE