



Sidney Lanier High School

1201 PAYTON GIN
AUSTIN, TEXAS 78758
(512) 414-6459 OFFICE
(512) 414-7474 FAX

Jacob Anderson
Athletic Coordinator

I hereby give permission for _____ ("Participant") to participate in the Lanier Viking Community Soccer Tournament ("Event"), to be conducted at Lanier HS 1201 Payton Gin Rd. Austin, TX. 78758 ("Facility"). I understand that participation in the Event is voluntary.

I understand that the Austin Independent School District ("District"), including but not limited to its agents, subcontractors, employees, directors, officers, and affiliates, is not responsible for the time or manner in which Participant may arrive at or leave the facility.

In the event of an emergency, I authorize District staff to secure medical treatment for Participant and agree that I will assume any and all responsibility for paying medical expenses associated with such treatment.

I understand and agree that Participant must obey all standards of conduct for participation in the Event. I further understand that behavioral problems that cannot be resolved may result in Participant being removed from participation in the event without monetary refund.

I understand and agree that the District is not responsible or legally liable for any personal property damage or losses or for any bodily injuries incurred and suffered by Participant on any District property or in connection with any activities at any of its facilities. I hereby agree to assume the risk and full responsibility for all such losses or incidents. I acknowledge that the District is not responsible for the condition of any playing field and/or equipment and release and waive all claims against the District for any injury, damage, or loss that may arise therefrom.

I give consent for Participant's picture or any reproduction thereof (while he/she is engaged in Event-related activities) to be used for publicity or fundraising purposes. It is acknowledged that I have agreed to waive compensation for such consent and that no other compensation is required.

By signing below, I represent that I, as parent, legal guardian, or Participant, have the legal authority to execute this consent and release. If the Participant is signing for him or herself, the undersigned warrants that he/she has reached the age of legal majority according to the State of Texas, and he/she assumes the responsibility of liability per the terms of this waiver. My signature further certifies that, to the best of my knowledge and belief, Participant has no physical restrictions that would prohibit participation in the Event.

Signature of parent or guardian: _____

Printed name of parent or guardian: _____

Date: _____

Signature of Participant (if legal age to assume liability): _____

Date: _____

*From the Office
Of
Jacob Anderson
Athletic Coordinator*