



VOLUNTEER WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the AMERICAN FAMILY INSURANCE BADGER STATE GAMES athletics/sports program, and related events and activities:

1. I agree that prior to such participation, I will, or, if I am the parent or guardian of a minor participant will instruct such participant that he or she should, inspect the facilities and equipment to be used, and if I believe anything is unsafe, I will immediately advise my coach (if I am participating as an athlete) or a supervisor of such conditions(s) and refuse to participate.
2. I acknowledge and fully understand that I may be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from my own actions, inactions or negligence but the actions, inactions or negligence of others, the rules of play, or the conditions of the premises or of any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. I assume all the forgoing risks and accept personal responsibility for my personal damages following my injury, permanent disability or death.
4. Intending to be legally bound, I do hereby release, waive, discharge and covenant not to sue Wisconsin Sports Development Corporation, sponsor of AMERICAN FAMILY INSURANCE BADGER STATE GAMES, its affiliated clubs, their respective administrators, officers, directors, agents and other employees and volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability to me, my heirs and next of kin for any claims, demands, losses or damages on account of injury, including death or damages to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise in connection with association or participation in and/or arising out of my travel to, participation in and returning from participation in the Badger State Games.
5. In the event that I sustain injury or illness while participating in the AMERICAN FAMILY INSURANCE BADGER STATE GAMES, I hereby authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel. I also give my permission for attending medical personnel to execute on my behalf my permission forms or other necessary medical documents and to act in my behalf if I am not immediately available to do so.
6. I hereby consent to allow my picture and/or voice or likeness to appear in any official documentary, promotional, exclusive television, radio or film coverage of the AMERICAN FAMILY INSURANCE BADGER STATE GAMES in any manner incidental to my participation in BADGER STATE GAMES and without compensation to me.

THE UNDERSIGNED HAS READ THE ABOVE
WAIVER AND RELEASE, UNDERSTAND THAT I
HAVE GIVEN UP SUBSTANTIAL RIGHTS BY
SIGNING IT AND SIGN IT VOLUNTARILY

I HAVE READ THIS RELEASE

Participants Signature / Date

Parent/Guardian Signature / Date

PRINT Parent/Guardian Name

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Telephone: _____

Email: _____

Sport: _____ Site: _____

Function: _____

T-Shirt Size: _____

PARENT/GUARDIAN SIGNATURE REQUIRED IF
PARTICIPANT IS UNDER 18 YEARS OLD.

Please print the following information: