



*Mercymount Country Day
Sponsored by the Sisters of Mercy of Providence
35 Wrentham Road
Cumberland, RI 02864
Phone: 401-333-5919 * Fax: 401-333-5150*

PLAYER FORM

**LIABILITY CONTROL
VOLUNTARY RELEASE FORM**

Assumption of Risk and Indemnity Agreement

School _____ from _____ 20__ to _____ 20__

City _____

Description of Activity:

The undersigned person requests and is granted permission to participate in the school activity/activities for the intended purpose described above.

In consideration of "permissive entry" to the facility, each of the undersigned, their personal representatives, heirs and assigns **DO HEREBY:**

1. **RELEASE, DISCHARGE AND COVENANT NOT TO SUE** the above named school for any and all claims and liability arising out of strict liability or ordinary negligence of releasees or any other user of the facility which causes the undersigned injury, death or property damage and further agrees to hold releasees may incur by participation in the described activity.
2. **UNDERSTAND** that in participation in the described activity involves danger and risk of injury. The inherent danger is understood and voluntarily assumed.
3. **ACKNOWLEDGE** that the undersigned are aware of equipment and safety regulations and will comply with each regulation **ASSUMING ALL RISK** for themselves and all liability to others for failure to do so. No oral representations or inducements have been made to obtain signatures on this agreement. If any portion of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal for legal force and effect.

I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS. I ASSUME ALL RISK INHERENT IN THIS ACTIVITY. I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THESE PROVISIONS.

Child/Ward

Parent or Guardian

Date