EASTLAKE FASTPITCH BOOSTER CLUB

ACKNOWLEDGMENT OF RISK, PARENT/GUARDIAN CONSENT & RELEASE

1. CONSENT TO PARTICIPATE AND ACKNOWLEDGMENT OF RISKS

I am the parent/legal guardian of the participant named above and give permission for the participant to take part in Eastlake Fastpitch Booster Club activities, including open fields, practices, workouts, clinics, camps, meetings, team activities, travel, and other related activities. I understand that softball and athletic activities involve inherent and other risks, including running, throwing, batting, sliding, collisions with people or objects, being struck by balls or bats, use of fields, cages and equipment, weather and field conditions, transportation, and the acts or omissions of other participants. These risks may result in property damage, illness, serious injury, permanent disability, paralysis, or death. I knowingly and voluntarily accept these risks on behalf of myself and acknowledge them for my child.

2. RELEASED PARTIES

For this form, “Released Parties” means the Eastlake Fastpitch Booster Club and its current and former directors, officers, board members, volunteers, coaches, supervisors, representatives, agents and sponsors; and, to the extent applicable to the activity, Lake Washington School District No. 414, Eastlake High School, and their board members, employees, volunteers, agents and representatives; and any owners or operators of facilities used for the activity.

3. PARENT/GUARDIAN RELEASE OF OWN CLAIMS

To the fullest extent permitted by Washington law, I RELEASE AND HOLD HARMLESS the Released Parties from claims that I personally may have arising from the participant’s involvement in these activities, including claims based on ordinary negligence. This release does not apply to gross negligence, reckless or willful misconduct, or any claim that cannot lawfully be waived. I understand that Washington law may not permit a parent or guardian to waive a minor child’s own future personal-injury claims, and this form is not intended to waive any right that cannot legally be waived.

4. PARTICIPANT CONDITION, RULES, AND RESPONSIBILITY

I represent that the participant is able to participate safely except for conditions disclosed below. I will provide accurate medical/allergy information and notify the Booster Club of material changes. The participant agrees to follow safety rules and reasonable directions and may be removed from an activity when necessary for safety or conduct. I understand the Booster Club does not provide medical or accident insurance for participants unless specifically stated in writing.

5. EMERGENCY MEDICAL AUTHORIZATION

If I cannot be reached in an emergency, I authorize the Released Parties to obtain reasonable emergency medical evaluation, first aid, ambulance transport, or treatment for the participant. I understand that no particular treatment result is guaranteed and that I am responsible for medical expenses not otherwise covered by insurance.

6. AGREEMENT / SEVERABILITY

I have read this form, understand it, and sign it voluntarily. I understand that it affects legal rights. If any provision is found unenforceable, the remaining provisions will remain in effect to the fullest extent permitted by law. This form is intended to be interpreted under Washington law and applies to Eastlake Fastpitch Booster Club activities during the 2026-2027 school year unless replaced in writing.

Medical conditions, allergies, medications, or participation limitations (or write “None”):

_____

_____

_____

Participant Name: _____

Date of Birth: _____ Grade: _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Primary Phone: _____ Emergency Phone: _____

Insurance Carrier (optional): _____ Policy/Group #: _____

Parent/Guardian Signature: _____

Date: _____