



Athlete's Release: **In consideration of your acceptance of my entry into the AAU-NY METROPOLITAN Pre-SPRING INVITATION**, I voluntarily agree to participate in the **AAU- NY METROPOLITAN Pre-SPRING INVITATION**, and knowingly assume any and all risk of loss, damage, property loss, injury (including death), both foreseen and unforeseen, of my attendance at and participation in the **AAU- NY METROPOLITAN Pre-SPRING INVITATION**,, from any cause whatsoever. I, for myself, my heirs, personal representatives and assigns do hereby release, waive, discharge and covenant not to sue **The Amateur Athletic Union, Inc., the local AAU Association** and the owner or lessee of **New Balance Armory Track** in which the **AAU- NY METROPOLITAN Pre-SPRING INVITATION**, is held (collectively "Releases") from all liability, loss, claims, demands, possible causes of action, court costs, settlement costs and fees, attorneys fees and any other expenses arising from any claim or lawsuit that may arise from any loss, damage or injury (including death) to me or my property resulting from or arising in connection with, or related to, my attendance at or participation in the Invitation.

I/we grant permission to the Meet Directors or their designee or the assigned Chaperones of any **AAU- NY METROPOLITAN Pre-SPRING INVITATION**, competition or program to act as guardian/spokesman with full authorization and power to authorize emergency medical treatment, including hospitalization and anesthesia, if medically necessary, for my/our son or daughter while in route to/from or at the site of the **AAU- NY METROPOLITAN Pre-SPRING INVITATION**, competition or program. I/we understand that should a health emergency arise, I/we will be notified but if/we cannot be reached by phone such medical treatment as is deemed necessary by medical personnel under the circumstances presented is hereby expressly authorized.

ATHLETE - Print Name

Signature

PARENT / GUARDIAN Signature (Must be signed if athlete is under 18 years of age.)

Telephone: (_____) _____

Team Name: _____

Coach Name: _____

Please fax this completed form to: 516-338-8798, or
e-mail to AAUAthletics@NYMetropolitanAAU.com