

# **DC CRU Youth Sports**

## **Field Trip & Enrichment Activity Release of Liability**

Participant Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_

DC CRU Youth Sports may periodically offer team outings, enrichment trips, or off-site activities designed to build team unity, provide fun experiences, and support youth development outside of normal training or game schedules. These activities may include, but are not limited to: museum visits, sporting events, group meals, team-building exercises, and outdoor recreational activities.

### **Acknowledgment of Risk:**

I understand that participation in any off-site or enrichment activity involves certain risks, including but not limited to travel, physical activity, and unforeseen events or conditions beyond the control of DC CRU and its volunteers. I acknowledge and accept full responsibility for any risk of injury or loss that may arise from my child's participation.

### **Release of Liability:**

In consideration for allowing my child to participate in these optional activities, I hereby release and hold harmless His Army Youth Sports (Parent organization to DC CRU), its directors, volunteers, coaches, staff, and agents from any and all liability, claims, demands, or causes of action that may arise from or relate to participation in these activities, including transportation to and from events.

### **Medical Treatment Authorization:**

In the event of an emergency, I authorize DC CRU representatives to seek medical treatment for my child and agree to be responsible for any resulting expenses. I acknowledge that it is my responsibility to notify the club of any medical conditions or allergies prior to each event.

### **Transportation Permission:**

I give permission for my child to be transported by DC CRU staff, coaches, or designated parent volunteers for the purposes of attending the activity. I understand that all drivers will be required to have a valid driver's license and active vehicle insurance.

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### Consent & Acknowledgment:

I certify that I am the parent or legal guardian of the participant named above and that I have read and understand this release. I agree to its terms voluntarily and understand that this form will apply to all future DC CRU field trips and enrichment activities unless revoked in writing.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_