



PARTICIPATION AGREEMENT 2024-2025

In consideration of the opportunity to have my child participate in Independent Interscholastic Athletic Association of Guam (IIAAG) activities, including School Year 2024-2025 school sports, I, the parent, guardian, or person having the care and custody of _____ (participant), on behalf of myself, spouse, co-guardian, agents, heir, next of kin and the participant, hereby agree to the following:

Waiver & Release: I agree to release, indemnify, and hold harmless, the Independent Interscholastic Athletic Association of Guam (herein referred to as the "IIAAG") and its respective member schools, coaches, development personnel, vendors and those contracted with the IIAAG to provide athletic facilities or services, employees, agents, members, directors, officers and representatives from any responsibility or liability for personal injury, including death, and damage to or loss of property, whether or not arising from the negligence of the IIAAG, that the participant may incur while traveling to or from, engaged in practice or competition, being coached, triaged by trainers, using or operating equipment or otherwise participating in the IIAAG activity. I hereby also acknowledge and waive the benefits of the provisions of 18 G.C.A. § 82602 (formerly § 1542 of the Civil Code of Guam) which reads as follows: A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected with the debtor.

Covenant Not To Sue: I warrant and agree that I will not make a claim against or sue the foregoing parties and their agents, contractors, and/or employers and forever release them and waive all actions, claims or demands that I may have or hereinafter have of whatsoever nature or kind including without limitation claims for personal injury or damage to personal property, loss of services, past or present, known or unknown, or any other claim arising out of participant's participation in IIAAG activities.

Medical Care: In addition, I understand that the IIAAG does not provide medical insurance coverage and that I, as a member and participant in IIAAG activities, should provide personal medical insurance. In the case of injury or medical emergency, the IIAAG has permission to seek, administer, or have administered whatever first aid or emergency medical care deemed necessary for participant's welfare, and it is understood that participant, and not the IIAAG, shall be responsible for any and all charges for such health care services regardless of whether participant's medical insurance would cover such charges.

Assumption of Risk: Furthermore, I recognize that every IIAAG activity has certain degree of risk, and I knowingly and voluntarily assume the risk of any injuries, regardless of severity, including death, and all risk of damage to or loss of property which participant may incur, even if arising from the negligence of the IIAAG, while participant is participating in a IIAAG activity.

I, the undersigned, am competent to sign this release, and have read carefully, understand, and agree to all its terms.

Signature

Printed Name:

Relationship to Participant:

Date:

Phone:

Email:
