



Haverstraw Police Athletic League  
PO BOX 238  
GARNERVILLE, NY 10923

www.hpalny.org  
Email: hpalinc@gmail.com  
845-641-5461

In consideration for the permission granted to me and/or my child to participate in activities (e.g. leagues/clinics/trainings/camps/sponsored teams/events) associated with *Haverstraw PAL INC (HPAL)*, I (individually and/or as a parent/guardian) hereby release, covenant not to sue and forever discharge the *Haverstraw PAL INC.*, its employees, agents and directors, from any and all claims and liabilities with regard to participation in *Haverstraw PAL INC* events and/or activities.

I (individually and/or as a parent/guardian) further state and certify that I and/or my child am/are physically able to participate in the described activities. I and/or my child further agree that should I and/or my child become injured as a result of participation that I and/or my child do release and hold harmless, the released parties from any and all liability for illness, injury, or death and any consequences thereto and therefrom. I understand that certain risks are present when participating in event activities, including, but not limited to basketball/baseball/softball, and other recreational activities.

This release shall inure to the benefit of the released parties and shall be binding on my heirs, successors and executors. I and/or my child further state that *Haverstraw PAL* and its designated agents/partners are authorized to use my and/or my child's name and any photographs or videotape of me and/or my child for promotional purposes in furtherance of *Haverstraw PAL* objectives without the need to compensate me and/or my child.

I (individually and/or as a parent/guardian) understand that *Haverstraw PAL* staff reserve the right, at their sole discretion, to withdraw any participant whose influence or actions are deemed unsatisfactory or who will not abide with rules and policies as designated. I understand that *Haverstraw PAL* will provide necessary equipment to participate in the activities and all personal items utilized by a participant are done so at their own risk. *Haverstraw PAL* will not be held responsible for lost, damaged or stolen items.

I have read this liability form, have been given sufficient time to review it, and asked whatever questions I have related to it. I fully understand the risks involved and that it is possible to sustain serious injury or death during the course of participating in described activities. (I assume all the foregoing risk and accept personal responsibility for damages following such injury, permanent disability or death). I acknowledge that my execution hereof is material to acceptance of my and/or my child's participation in *Haverstraw PAL* activities.

I acknowledge that I have read and understand the rules and regulations and will make sure that my child understands and follows them. All information provided to *Haverstraw PAL* is complete and accurate. I understand that questions regarding *Haverstraw PAL* should be directed to HPAL staff or 845-641-5461.

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			Male / Female
_____ Name of Participant	_____ DOB	_____ Age	

I am the parent/legal guardian of the above-named child and give my permission for my child to be an active member of the Haverstraw Police Athletic League.

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Self or Parent/Guardian Signature	Date
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Self or Parent/Guardian Printed Name	Relation
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