



# THE IRON WOOD THROWERS CENTER

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## IRON WOOD THROWERS CENTER ASSUMPTION OF RISK FOR ATHLETIC ACTIVITIES

Iron Wood Throwers Center (IWTC) is concerned with the health and well-being of all who engage in athletic activities at our facility. However, IWTC does not provide physical examinations for club athletes. Therefore, it is necessary for such individuals to certify that they are in adequate physical condition to participate and train with IWTC, and to release Iron Wood Throws Club from all liability including but not limited to, liability for not providing medical examinations, or physical fitness assessments. IWTC strongly recommends that anyone participating or training at our facility have a physical examination before participating.

I, \_\_\_\_\_, certify that I am in adequate physical condition and I am not under any limitation by a physician for the purpose of physical activity (eg. throwing, competing at meets, training, lifting, etc.) involving the Iron Wood Throwers Center and/or conducted at IWTC facilities.

I agree to participate in activities sponsored by IWTC and/or conducted at IWTC facilities; and, understand that all activities have a risk for injury, death, illness, disease, or damage to myself, participants, and property arising from participation. IWTC athletes rightfully assume that those who are responsible for the conduct of the activity (officials, coaches, club administrators, and others) have taken reasonable precautions to minimize the risk of significant injury. I also agree and accept that IWTC, it's coaches, officials, volunteers, and employees assume no responsibility or liability in connection with any activities, or the transportation to and from such activities. My participation is purely voluntary; no one is forcing me to participate and I elect to participate in spite of the risks. In the event of an injury, I assume full responsibility for all emergent care and any/all follow-up costs associated with an injury sustained while participating at any IWTC sponsored event.

I have read the above and agree to accept any risks which may be associated with IWTC activities. I also authorize the coach, official, volunteer, or qualified medical personnel to take whatever first aid action is deemed necessary, in their sole judgement, to protect my health and/or safety in the event of any accident or emergency.

\_\_\_\_\_  
Athletes Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date