

Participation Form

Name: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Phone: _____

E-mail: _____ Organizer Rep. Initials: _____

Medical Consent

The undersigned, recognizes the inherent risks associated with participating in any athletic training sessions and through his/her voluntary participation, the undersigned hereby accepts those risks and dangers in Athletic Training Sessions conducted by _____ (Organizer) or other approved entity.

In the event Organizer perceives a need to provide emergency medical care or treatment, the undersigned hereby further authorize(s) any of the staff, employees, agents and representatives of Organizer to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution; employ any physicians, dentists, nurses, or other person whose services may be needed for such health care; review and if necessary disclose the contents of any medical records; execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to the child.

As soon as practicable and prudent, Organizer shall make a reasonable effort to contact the persons listed as the Emergency Contact. Notwithstanding other provisions in this Participation Form, Organizer shall not have the authority to withhold or withdraw life-sustaining procedures for the undersigned.

Liability Waiver

The undersigned understands that dangers both known and unknown associated with participating in Athletic Training Sessions and assume(s) all risk of injury or harm associated with participation in the Athletic Training Sessions and agree(s) to the fullest extent permitted by law, release, indemnify, defend and forever discharge the Organizer and its officers, directors, owners, staff, employees, representatives and agents (collectively the "Organizer") of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action (collectively the "Claims") in respect of death, injury, loss or damage to the participant, howsoever caused, arising from or related to undersigned participation in the Athletic Training Sessions.

Media Release

I understand that photographs or videos may be taken during the course of the Athletic Training Sessions and I hereby grant "Organizer" my permission to use such photographs or videos with my likeness as they see fit, in any and all media, for any purpose, without compensation and without my prior consent.

Signature of Participant

Date

Parent/Guardian Signature if Participant is not 18 years old.

Emergency Contact (Relationship)

Emergency Contact Number

Emergency Contact (Relationship)

Emergency Contact Number