

Trinity All Stars Liability Release and Waiver Form



Minor's Name: _____ Minor Birthdate: _____

Name of Parent(s) or Guardian(s): _____

Parent Email: _____

Daytime Phone: _____

Activity: **Recreational Classes/ Competitive Program**

Address: _____

Activity: **Birthday Party/ Clinic/ Other Events**

City, State, Zip: _____

Emergency Contact/Phone: _____

Liability Release: For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I, _____, as parent or legal guardian of _____, a minor (hereinafter "Minor"), hereby grant permission necessary to allow Minor to participate in the above activity to be conducted by **Trinity All Stars**. I, in my own behalf of Minor, further agree to release and to hold harmless Trinity All Stars. I will not hold the respective directors, officers, representatives, members, agents, and employees of Trinity All Stars and their respective affiliates (hereinafter collectively "Releases") from any and all liability whether caused by negligence of the Releases or otherwise for any claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and cost) arising out of or connected with the activity, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/ or death) that Minor may incur or sustain during the activity, all events associated with the activity and while traveling to and from the site for the activity whether or not the activity actually occurs. I further expressly agree to indemnify and hold harmless Releases and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other persons on the account of damages of any character resulting to Minor in anyway from the foregoing activities. I further agree to reimburse Releasees any loss or costs Releasees may have to pay as a result of any such action, claim or demand.

Medical Release: I, in my own behalf and on behalf of Minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, in my own behalf of Minor, acknowledge that Minor is assuming the risk of such illness or injury by participating in the activity. In the event of such illness or injury, I authorize Trinity All Stars to obtain necessary medical treatment for Minor and herby, in my own behalf and on behalf of Minor, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be uncured on behalf of Minor for any illness or injury that Minor may sustain during the activity and while traveling to and from the site for the activity whether or not the activity actually occurs.

I represent that any medication to which Minor is allergic or medications that Minor is currently taking are listed below. I agree that Minor shall bring medications which Minor is currently taking with him/her to the activity and that he/she shall consume the prescribed dosage for such medications.

Medications (if any): _____

Allergic to (if any): _____

I acknowledge that the Minor suffers from the following condition: _____

I, in my own behalf and on behalf of Minor, hereby warrant that I have read this Participant Release and Waiver Form in its entirety and fully understand its contents. I, in my own behalf and on behalf of Minor, am aware that this Participant Release and Waiver Form releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of Minor, further acknowledge that nothing in this Participant Release and Waiver Form constitutes a guarantee that the activity will occur. I, in my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will.

Signature of Parent of Legal Guardian: X _____

Date: _____ **Relationship to Minor:** _____