

REQUIRED: A WAIVER MUST BE ON FILE TO PARTICIPATE



USA Training Centers LLC. REGISTRATION AGREEMENT

WAIVER OF LIABILITY AND HOLD HARMLESS STATEMENT

Parent/Guardian 1 _____ Phone Number _____ (home) _____ (cell)

Parent/Guardian 2 _____ Phone Number _____ (home) _____ (cell)

Address _____ City _____ State _____ Zip _____

Participant Name _____ DOB _____

Participant Name _____ DOB _____

Participant Name _____ DOB _____

Participant Name _____ DOB _____

Participant Name _____ DOB _____

EMAIL to stay informed PLEASE PRINT CLEARLY _____

In consideration of being allowed to participate in this camp, clinic, tryout, or related event or activity, I hereby RELEASE, WAIVE, DISCHARGE, and COVENANT NOT TO SUE USA Training Centers LLC., and its current staff and/or camp, clinic, tryout, or related event or activity staff (hereinafter to as RELEASEE) from any and all liability, claims, demands, or course of action whatsoever arising out of or related to any loss, damage, or injury, including death that may be sustained by me/my child, or to any property belonging to me/my child, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE, or otherwise, while participating in this activity while in, on or upon the premises where the activity is being conducted.

To the best of my knowledge, I/my child am/is in good physical condition and I am not aware of any physical infirmity which would place me/my child at risk to participate in any way with the activity. I am fully aware of risks and hazards connected with the camp. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF LOSS, sustained by me/my child, or any loss or damage to property owned by me/my child, as a result of being engaged in the activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEE, or otherwise. I further hereby AGREE TO IDEMNIFY AND HOLD HARMLESS THE RELEASEE from any loss, liability, damage or cost, including court costs and attorney's fees, that may accrue related to me/my child's participation in this activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEE or otherwise.

During the period of the activity, I hereby give permission for the staff at USA Training Centers or this activity to administer appropriate medical attention to me/my child in the event of an accident, illness, or injury. I will be responsible for any and all costs of medical coverage and treatment provided not covered by insurance. It is express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above named RELEASEE. I release, acknowledge and represent that I have read and understand it and agree to it voluntarily; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

I HAVE READ AND UNDERSTAND THIS WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHT BY AGREEING TO IT, AND AGREE TO IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT

Printed Name of Parent/Guardian/Participant _____

Signature of Parent/Guardian/Participant _____ Date _____

Waivers must be updated yearly.