

2017 T-12 Sports LLC
Registration & Medical Release

To be completed by Parent (or Guardian) and brought to first camp session.
Note: Make checks payable to T-12 Sports

Participant Name: _____ DOB: ____/____/____

School: _____ Position: _____

Name of Parent (or Guardian): _____

Primary Phone: _____

E-mail Address: _____

(To be used for future camp schedules, changes, and promotional information)

Home Address

Street: _____

City: _____ State: _____ Zip: _____

Emergency Contact if parent or guardian cannot be reached:

Name: _____ Primary Phone: _____

As parent or legal guardian, I authorize T-12 Sports to seek qualified medical assistance to examine the above-named participant and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, he deems necessary to insure proper care of any injury. Every effort will be made to contact the parent or guardian to explain the nature of the problem prior to any involved treatment.

RELEASE AND PARENTAL CONSENT AGREEMENT: For and in consideration to participate in any T-12 Sports activity or program (collectively, "Activity" or "Activities") and the instruction received. I, for myself and on behalf of my minor child, hereby agree as follows: 1. My child is in good health and physical condition, and has the physical and mental capacity to participate in the Activities. If at any time my child or I believe any Activity to be unsafe, my child will immediately discontinue further participation in the Activity and I will instruct my child in this manner. 2. I FULLY UNDERSTAND THAT: (A) ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (B) THESE RISKS MAY BE CAUSED BY THE ACTIONS OR INACTIONS OF MY CHILD OR OTHER PARTICIPANTS OR BYSTANDERS, THE CONDITIONS IN WHICH THE ACTIVITY TAKES PLACE, THE NEGLIGENCE OF THE "RELEASED PARTIES" NAMED BELOW, OR OTHER CAUSED; (C) THERE MAY BE OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES EITHER NOT KNOWN TO ME OR NOT READILY FORESEEABLE AT THIS TIME; AND I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES FROM PARTICIPATION IN ANY ACTIVITY. 3. I, ON BEHALF OF MY CHILD, OUR FAMILY, AND ANY PERSON WHO MAY HAVE A CLAIM ARISING OUT OF OR BASED UPON INJURY OR LOSS ASSOCIATED IN ANY WAY WITH ANY ACTIVITY HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE BARTON FOOTBALL ACADEMY, OR ITS ADMINISTRATORS, DIRECTORS, AGENTS, OFFICERS, MEMBERS, VOLUNTEERS, OR EMPLOYEES, OTHER PARTICIPANTS, ANY SPONSORS, ADVERTISERS, AND, IF APPLICABLE, OWNERS AND LESSER OF PREMISES ON WHICH ANY ACTIVITY TAKES PLACE, (EACH A "RELEASED PARTIES") FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF ANY OF THE RELEASED PARTIES OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND I FURTHER AGREE THAT IF, DESPITE THIS RELEASE AND PARENTAL CONSENT AGREEMENT I, OR ANYONE ON MY BEHALF, MAKES A CLAIM AGAINST ANY OF THE RELEASED PARTIES, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASED PARTIES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS, LIABILITY, DAMAGE, OR COST WHICH MAY INCUR AS THE RESULT OF SUCH CLAIM.

X _____

DATED: _____
(Signature of Parent or Guardian)

*Please print name if other than above Parent or
Guardian: _____