

HAUS OF ATHLETES ASSUMPTION OF RISK,
WAIVER OF LIABILITY and PARENT/GUARDIAN
PERMISSION FORM

STUDENT NAME: _____

In order to participate in HAUS OF ATHLETES Summer Series, each participant must submit completed versions of this Assumption of Risk, Wavier of Liability and Parental Permission Form and the accompanying Health Form. Participants who have not completed both forms will not be permitted to participate in Program activities until they are received.

AGREEMENT TO PARTICIPATE

To ensure that you and your parents understand and accept the risks of participation in the HAUS OF ATHLETES Youth Summer Series (Summer Program), you both must indicate your understanding and agreement by signing on the appropriate lines below.

PROGRAMER AGREEMENT

I affirm that my participation in the Summer Series is entirely voluntary, and understand that participation in the Summer Series involves a risk of injury due to certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries, such as, but not limited to, the following: contact with other individuals playing in the game; contact with the floor, walls, goals, posts or equipment which are part of the playing area; and strenuous exertions, quick movements, and changes of speed, which place stress on the cardiovascular, muscular, and skeletal systems. The specific risks vary from (1) minor injuries such as scratches, bruises and sprains, to (2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions, to (3) catastrophic injuries including paralysis and death. I understand that if I have questions about possible hazards, it is my responsibility to seek additional information from the Summer Program staff prior to signing this Form. I also understand that, despite safety precautions, neither the Summer Program nor HAUS OF ATHLETES can guarantee that I will not be injured. I agree to assume these risks.

I understand that the best way to make sure that I remain safe and avoid injury is to follow the rules, regulations and instructions of the staff of the Summer Program. I agree that I will learn and obey all the rules and regulations and will follow all instructions of the staff of the Summer Program.

PARENT/GUARDIAN AGREEMENT

I agree to allow my child/ward to participate in the Summer Program and affirm that my child's/ward's participation is completely voluntary. I understand that there are risks inherent in the activities my child will engage in at the Summer Program (some of which are described above) which may cause serious injury or even death. I also understand that, despite safety precautions, neither the Summer Program nor HAUS OF ATHLETES can guarantee that my child/ward will not be injured. My child/ward and I are willing to assume these risks. To minimize the risk, I have instructed my child/ward to obey all the rules, regulations and instructions of the Summer Program.

ASSUMPTION OF RISK, WAIVER OF LIABILITY, RELEASE & AGREEMENT NOT TO SUE: In consideration for permitting me/my child/ward to participate in the Summer Program, **I voluntarily agree**, for myself, my heirs, executors, and administrators, to the following:

TO ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, OR PERSONAL INJURY, INCLUDING DEATH that may be sustained by me/my child/ward, or any loss or damage to property owned by me/my child/ward, as a result of training for, participating in, or traveling to or from the Summer Program.

1. **TO RELEASE, WAIVE, HOLD HARMLESS, DISCHARGE, & AGREE NOT TO SUE** the person or entity responsible for administering the Summer Program, HAUS OF ATHLETES, or its trustees, officers, employees, agents, students, and staff (hereinafter referred to as “releasees”) from any and all liability, claims, actions, demands, expenses, attorneys fees, breach of contract actions, breach of statutory duty, or other duty of care, warranty, strict liability actions, and causes of action whatsoever, that I might now have or may acquire in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while training for, traveling to or from, or participating in the Summer Program.

MEDICAL EVALUATION: I understand that I must obtain a medical evaluation and doctor’s approval prior to participation in the Summer Program and submit a completed Health Form. I understand that I should obtain health insurance coverage prior to participating in the Summer Program. I further understand that I will be responsible for my medical expenses.

PHOTO RELEASE: I give permission for photographs taken of me/my child/ward while participating in the Summer Program to be used in marketing/public relations material in the promotion of Summer Program.

By signing below, I acknowledge that I have read, understand and agree to the terms outlined above:

Parent/Guardian Name _____

Signature _____ **Date** _____

Programmer Name _____

Signature _____ **Date** _____