



**...Keeping Kids Moving!!**



**USA Sports Gilroy**

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**Release and Waiver of Liability, Assumption of Risk,  
Indemnity Agreement, and Photo Release**

*\*To be filled out by Parent/Guardian, if Participant is a MINOR.*

Program \_\_\_\_\_ Day/s \_\_\_\_\_ Time/s \_\_\_\_\_

Participant's Name \_\_\_\_\_

In consideration of participating in the above named program and other USA Sports programs, that my child or myself will participate in, I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "Releasees" named below; and that there may be other risks 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, cost, and damages I incur as a result of my participation in the Activity.

I and/or my minor child hereby **waive, release, discharge, and covenant** not to sue USA Sports, M & M Lawrence Inc., Kris & Tammy Massman, Josh & Amy Oelrich, their respective administrators, directors, agents, officers, volunteers, employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the "Releasees", I will indemnify, save, and hold harmless each of the "Releasees" from any loss, liability, damage, or cost, which any may incur as the result of such claim.

In addition, I realize that the location of this facility in relation to the downtown area and it's traffic, carry additional risks, and I understand and accept the risks associated with its location. Knowing the risks, nevertheless, I hereby assume those risks and release and hold harmless USA Sports, M&M Lawrence Inc., Kris & Tammy Massman, Josh & Amy Oelrich, its employees and all of the persons or entities mentioned above.

I/we understand and agree that any credit shall be paid promptly in accordance with terms and agreements that the credit grantor may add (one and one-half percent per month) to any balance owed, and in the event of default, to pay reasonable collection charges and/ or attorney fees.

I have carefully read and fully understand the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT. I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

**PHOTO RELEASE**

I agree, as a participant, parent, or guardian of any paid or free event, class, activity, or program, to grant full permission to USA Sports, to use my/our name(s) and any photographs, videos, motion pic-tures, or recordings for any publicity and promotion purposes without obligation or liability to me.

**PARENTAL CONSENT**

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced Activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such Activity. I hereby Release, Discharge, Covenant not to sue and AGREE TO IDEMNIFY AND SAVE AND HOLD HARMLESS each of the "Releasees" from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above "Releasees", I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the "Releasees" from any litigation expenses, attorney fees, loss liability, damage, or cost any "Releasee" may incur as the result of any such claim.

Date \_\_\_\_\_ **Printed Name** of Participant or Parent/Legal Guardian \_\_\_\_\_

**Signature** Participant and/or Parent/Legal Guardian \_\_\_\_\_

Last Name

First Name

**CONFIDENTIAL MEDICAL INFORMATION**



The purpose of this General Health Questionnaire is to:

- To make instructors aware of any special health conditions or concerns
- To make instructors aware of any special health conditions or concerns
- To avoid unnecessary emergencies, and
- To accommodate participant's needs so that everyone may participate in class with confidence

**Participant's:**

Name: \_\_\_\_\_ M/F \_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Father/Guardian: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Other than Parent/Guardian)

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Other than Parent/Guardian)

Is the student in general good health: \_\_\_\_\_ Does Participant take any daily Medications: \_\_\_\_\_

Please List: \_\_\_\_\_

**DOES PARTICIPANT HAVE ANY OF THE FOLLOWING?**

- |  |   |                                   |
|--|---|-----------------------------------|
| <input type="checkbox"/> Seizures                  | <input type="checkbox"/> Weak/Coordination Challenge          | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Foot Problems             | <input type="checkbox"/> Shortness of Breath                  | <input type="checkbox"/> TB       |
| <input type="checkbox"/> Heart Murmur              | <input type="checkbox"/> Hemophilia                           | <input type="checkbox"/> ADD      |
| <input type="checkbox"/> Any Communicable Diseases | <input type="checkbox"/> Vision Problems/Dizziness            | <input type="checkbox"/> Pain     |
| <input type="checkbox"/> Emotional Challenges      | <input type="checkbox"/> Liver Condition                      | <input type="checkbox"/> ADHD     |
| <input type="checkbox"/> Depression                | <input type="checkbox"/> Mental Disorder                      | <input type="checkbox"/> Autism   |
| <input type="checkbox"/> Incontinence              | <input type="checkbox"/> Allergies                            | <input type="checkbox"/> Other    |
| <input type="checkbox"/> Headaches                 | <input type="checkbox"/> Asthma (physically Induced or other) |                                   |

If you've checked any of the above, please explain what USA Sports can do to accommodate any special needs. Is there anything you can think of that we should know about this student that may not have been listed above:

\_\_\_\_\_  
\_\_\_\_\_

The information above is true & correct to the best of my knowledge. If participant's health status changes at any time during his/her enrollment I will submit the change in writing prior to the participant's next class.

Parent/Guardian/Participant (if over 18) \_\_\_\_\_ Date: \_\_\_\_\_

USA Sports Witness: \_\_\_\_\_ Date: \_\_\_\_\_