



...Keeping Kids Moving!!



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

*To be filled out by Parent/Guardian, if Participant is a MINOR or by Participant if 18 or older.

Program/s _____ Day/s: ___ M ___ T ___ W ___ TH ___ SA Time/s: _____ Start Date _____

Participant's Name – First: _____ Last: _____

ASSUMPTION OF RISK

In consideration of participating in USA Sports programs that my child and/or I 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. And I, the minor's parent and/or legal guardian, believe the minor to be qualified 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.

RELEASE AND WAIVER OF LIABILITY

I and/or my minor child hereby Waive, Release, Discharge and Covenant not to sue USA Sports, their respective administrators, directors, agents, officers, volunteers, and 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) and AGREE TO IDEMNIFY AND SAVE AND HOLD HARMLESS each of the "Releasees" from all liability, claims, demands, losses or damages caused or alleged to have been caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations. In addition, I realize that the location of this facility in relation to the downtown area and its 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 all "Releasees". I further agree that if, despite this release, waiver of liability, and assumption of risk; I, the minor, or anyone on behalf of myself or the minor, 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.

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 pictures, or recordings for any publicity and promotion purposes without obligation or liability to me.

INDEMNITY

I/we understand and agree that any credit shall be paid promptly in accordance with terms and agreements, that the credit grantor may add annual interest at the rate of up to 10% or as allowed by law. In the event of default, I understand that I will be responsible for the payment of collection charges, additional interest, court and filing fees and/or attorney fees.

AGREEMENT

I have carefully read and fully understand the ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, PHOTO RELEASE, INDEMNITY AND 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.

Parent/Guardian/Participant (if over 18) – Printed Name: _____

Parent/Guardian/Participant (if over 18) – Signed Name: _____ Date: _____

CHECK IF PARTICIPANT IS OVER 18 YEARS OLD
CHECK IF ENROLLED THROUGH THE CITY

Two empty checkboxes for participant status.

Participant Name – LAST:

FIRST:

CONFIDENTIAL MEDICAL INFORMATION



The purpose of this General Health Questionnaire is to:

- To determine in advance whether this participant has any special needs,
- 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 _____ Last Dr.'s visit (MM/YY) _____

Address (include City/Zip): _____ Home Phone: _____

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 student in general good health: _____ Does Participant take any daily Medications: _____

Please List: _____

If YES, describe any reactions that could occur and what is the recommendation of the participant's physician in the event of a reaction? _____

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 Problem | <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, allergic reaction, 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 and 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 scheduled class.

Parent/Guardian/Participant (if over 18) _____ Date: _____

USA Sports Witness: _____ Date: _____