

PARTICIPANT RELEASE & WAIVER OF LIABILITY

Participant Name: _____ Date of birth: _____

DD/MM/YYYY

Address: _____

City: _____

Postal Code: _____ Telephone: _____ Email: _____

Parent/Emergency Contact Information

Name/Relationship: _____ Telephone: _____

Name/Relationship: _____ Telephone: _____

MEDICAL HISTORY

DO YOU HAVE, OR HAVE YOU HAD, ANY OF THE FOLLOWING:

1. MEDICAL CONDITIONS: _____

2. ALLERGIES: _____

3. INJURIES: _____

4. SURGERIES: _____

5. OTHER ISSUES THAT STAFF/MEDICAL RESPONDERS SHOULD BE AWARE OF:

Please check if you would *not* like us to add you to our Inside Scoop Newsletter

PLEASE READ THE NEXT PAGE CAREFULLY! BY SIGNING BELOW YOU FORFEIT CERTAIN LEGAL RIGHTS.

PARTICIPANT NAME: _____

PLEASE READ CAREFULLY! BY SIGNING BELOW YOU FORFEIT CERTAIN LEGAL RIGHTS

The **Participant** named above wishes to take part in sport training and/or exercise program(s) offered by or at **Complete Game Athletics LTD ("CGA")** in full knowledge and understanding that such participation, whether by a coach, trainer, player or other, **INVOLVES RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY AND DEATH, AND OTHER SOCIAL AND ECONOMIC LOSSES** which may be caused by the **Participant's** own actions or inactions, the actions or inactions of others, the condition of the facility and/or equipment, or **NEGLIGENCE BY ANY PARTY**.

In consideration of being permitted to partake in any activity at **CGA**, the undersigned **Participant**, or his or her legal guardian in the case of a minor:

1. Asserts that he/she is in good physical condition and able to participate in athletic development programs and other activities including, but not limited to, physical strain and exertion.
2. Agrees to use safety equipment, comply with IP rules and instructions, and act prudently at all times.
3. Certifies that he/she, either personally or through his/her sports league, association, or other means, has adequate insurance coverage with respect to any and all possible losses, claims, injuries, liability, damage, or other insurable event that could occur in connection with his/her participation in any activity at **CGA**.
4. Authorizes **CGA** staff, coaches, and healthcare practitioners to share and exchange the **Participant's** personal information regarding, but not limited to, injuries, skill development and contact information.
5. **Voluntarily assumes all risks associated with participation and all responsibility for losses, costs and damages incurred as a result of it.**
6. And, intending to be legally bound personally and for his/her heirs, executors and administrators, **Participant waives and releases all rights and claims for damages** he/she might accrue against **CGA** or its owners, principals, officers, employees, agents, trainers or instructors, and any successors, representatives and assigns of the foregoing, for any and all injuries suffered by **Participant** or damage to **Participant's** property, while participating in (or traveling to or from) any activity conducted at **CGA**.

By **NOT** checking this box, the **Participant** authorizes **CGA** to use photographs taken while on the premises or at **CGA** events for use in editorial and/or promotional material produced and/or published by **CGA**. I understand that there will be no compensation or remuneration for the use of the photo.

I hereby affirm that I have read this Liability Waiver and Release and that I fully understand its contents.

Signature (of Parental Guardian if under 16 years of age)

Date

Printed Name

Email Address

Witness

Printed Name