

ATHLETIC EDGE SPORTS & FITNESS
UNCONDITIONAL AND FULL GENERAL RELEASE AND COVENANT NOT TO SUE

NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: _____

EMAIL: _____ DATE OF BIRTH: _____

This is to be read and signed by all participants in activities at Athletic Edge and their parent/guardian. PLEASE READ THIS CAREFULLY. IT AFFECTS CERTAIN RIGHTS YOU OR YOUR CHILD MAY HAVE IF YOU OR YOUR CHILD ARE INJURED OR OTHERWISE SUFFER DAMAGES PARTICIPATING IN THE ACTIVITIES HERE AT ATHLETIC EDGE.

In return for Athletic Edge allowing me/my child to participate in activities and other good and valuable consideration, I agree, and state, on behalf of myself, my child, my heirs, assigns, executors, and others, as follows:

1. This Release and Covenant Not to Sue contains the entire agreement between Athletic Edge and myself/my child and supersedes any previous communications, representations, or agreement, whether verbal or written, concerning the subject matter of this Agreement.
2. I am competent to read and sign this "Unconditional and Full General Release and Covenant Not to Sue."
3. That I/my child understands that I/my child am/are participating in activities freely and voluntarily, and these activities are not required by Athletic Edge. I/My child understands that participation in the camp is a privilege and that this privilege is a tangible benefit.
4. That I/my child understand/s and appreciate/s the inherent risks and dangers of participating in all the activities (e.g., those associated with running, playing games and/or general activities, etc.) that could result in property damage and/or personal injury (e.g., sprains, broken bones, bruises, sunburn, heat-related illness, or another serious injury, etc.), including death; and I/my child agree to accept all risks whether present or future, known or unknown, arising from or as a result of my participation.
5. That I/my child WILL HOLD HARMLESS AND INDEMNIFY ATHLETIC EDGE SPORTS & FITNESS and its officials, administrators, employees and all sponsors and individuals assisting in these activities for any liability and all claims of damages, demands, and actions whatsoever in any manner resulting from my/ my child's participation.
6. That I/my child agree/s to assume all costs related to my/my child's participation in the activities, including but not limited to repair/replacement costs for property damage caused by me/my child or medical expenses.
7. I understand I/my child must be healthy and reasonably fit in order to participate safely.
8. That in the event that I/my child am/is rendered unable to communicate due to illness, accident, or emergency while participating in the activities, I hereby give permission to a Physician selected by the personnel to hospitalize, secure proper treatment for, and to take whatever medical actions are necessary to treat me/my child.
9. I/my child have read and understood this "Unconditional and Full General Release and Covenant Not To Sue."

Medical Release

I understand that in the event that I/my child am/is rendered unable to communicate due to illness, accident, or emergency while participating in the Athletic Edge's activities, I hereby give permission to a Physician selected by the personnel to hospitalize, secure proper treatment for, and to take whatever medical actions are necessary to treat me/my child. I assume total responsibility for all costs associated with such medical treatment.

Photographic Consent, Waiver and Release

For Consideration received, I/We hereby release and discharge Athletic Edge from all claims and demands arising out of or in connection with the use of my photograph/my child's photograph, name, likeness or voice, including without limitation all claims for libel or invasion of privacy. This confirms that I am of full age and have the right to contract in my own name/my child's name. This acknowledges that I have read the foregoing and fully understand the contents thereof. This release shall bind me, my heirs, legal representatives, and assigns.

Participant Signature Date

Parent/Guardian Signature Date
(Required if Participant is under eighteen (18) years old)

Full Name (Printed)

Full Name (Printed)