

The PT Center for Sports Medicine

Speed, Agility, Conditioning Camp

St. Hilary Grades 6-8

Name: _____ Date of Birth: _____

Address: _____ City: _____ ZIP: _____

Parent(s) Name: _____

Phone/ Cell #: _____

Emergency Contact Name: _____

Phone/ Cell #: _____

Informed Consent and Waiver Form

My child is in good health and has my permission to participate in the training activities that will take place at the Speed, Agility, and Conditioning Camp (the "Training Camp"). I assume all risks associated with the participation in the Training Camp, including but not limited to falls, contact with other participants, and other risk conditions associated with this event. All such risks to my child are known and understood by me.

Having read this waiver and knowing these facts, and in consideration for my child being permitted to participate in the Training Camp, I, for myself, my minor child, my spouse, my heirs and executors, and anyone entitled to act on my behalf, to the greatest extent permitted by law, waive, release, and agree to hold harmless and indemnify The PT Center for Sports Medicine, St. Hilary Parish, the Diocese of Cleveland, and the Bishop of the Diocese of Cleveland, and their employees, volunteers, representatives, and successors from and against all claims or liabilities of any kind arising out of or relating to my child's participation in this event, whether foreseen or unforeseen, and even though it may arise out of negligence or carelessness on the part of the persons named in this waiver.

I understand this informed consent and waiver form and agree to its conditions on behalf of my child.

Signature of Parent or Guardian

Date

Print Name of Parent or Guardian & Relationship