

NEXT LEVEL PROSPECTS - WAIVER & RELEASE FORM

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

READ BEFORE SIGNING

I give my approval and consent to the participation

of _____ (child's name)

In the Offseason Conditioning & Fellowship Program conducted by Next Level Prospects events and activities; hereby known to as the program and it's organizers. The undersigned acknowledges appreciates and agrees that:

The risk of injury to my child from the activities involved in these programs is significant. While certain rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,

FOR MYSELF, SPOUSE, MY CHILD'S LEGAL GUARDIAN AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASE or others and assume full responsibility for my child's participation; and I willingly agree to comply with the program stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from participation immediately.

I myself, my spouse, my child's legal guardian, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE the organizers and their respective officers, affiliates, agents, representatives, successors, sponsors, advertisers and if applicable, owners and leasers of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in the programs events and activities, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law; and, I, for myself, my spouse, legal guardian, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY

INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in the program, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law; and, I certify that my child is physically fit to take part in all Connecticut Youth Sports programs, events and activities; and, I pledge my child's compliance to any and all rules of participation and understand that my child could be dismissed from the programs events and/or activities for any conduct not in the best interests of the program.

I authorize any medical evaluation or treatment of my child that may be advised or recommended by the attending organizers. while participating in the Offseason Conditioning & Fellowship Program and activities.

(Print Name Clearly)

_____ Date _____

(Parent / Guardian Signature)

Please list any allergies and/ or medical conditions, including those requiring maintenance of medication (i.e. bee stings, diabetes, asthma, seizure disorders). The purpose of this information is to ensure that medical personnel have timely and accurate pre-existing medical condition information, which may interfere with or alter treatment if needed.