

2018 Summer Camp

Please Complete the Form Below to Register Your Child for Summer
Camp

Participant Name (s): _____

Parent Name(s): _____

Phone: _____

Email Address: _____

Emergency Contact: _____

Relationship: _____

Phone: _____

Camp Dates Participant Will Be Attending:

Please Submit Registration Fee with this Packet

Payment Method (Circle One): Cash, Money Order (Pay to the order of: The Elite Athlete Training Academy),
Online

Please list and describe any medical needs, concerns, or special accommodations our staff should be aware of:

2018 Summer Camp-Participant Agreement

(Including Assumption of Risks, Agreements of Release and Indemnity, Transportation Liability)

In consideration of The Elite Athlete Training Academy, L.L.C., (hereafter "The Elite Athlete Training Academy") allowing me or my minor child or ward to participate in its activities, I, an adult (eighteen years of age or older) participant or the parent or legal guardian (either, referred to herein as "Parent") of a minor participant acknowledge and agree as follows:

Activities and Risks: The Elite Athlete Training Academy activities include warm-ups, sport specific drills and strength and conditioning exercises, which require medium to high physical exertion, including running, jumping, sliding, dribbling, shooting, pushups, and sit-ups while under the instruction of The Elite Athlete Training Academy staff.

The risks of The Elite Athlete Training Academy activities include, among others, the following: falls, collisions and close contact with other participants, staff and fixed objects, fatigue, and psychological stress. Some participants experience an increased heart rate and other symptoms and stress due to the physical exertion. Decisions are made by staff and co-participants based on a variety of perceptions and evaluations which by their nature are imprecise and subject to errors in judgments. Participants share in the responsibility for their and others' safety and must follow instructions, be aware of and report conditions which appear to them to be dangerous, and not participate if they have a physical or emotional condition which may cause harm to themselves or others. These and other risks may result in property damage, abrasions, sprains, strains and other physical and emotional trauma and the remote possibility of death. **The risks described, and others, including the possibility of negligence of other participants and staff, are inherent in the activities – that is, they cannot be eliminated without reducing active participation and destroying the essential nature and the social and instructional value of the activity.**

I understand participation is strictly voluntary and that I, or the child, may choose to not participate in an activity.

Assumption of Risks: By signing below, I acknowledge the risks described above and any and all other risks of The Elite Athlete Training Academy activities, whether or not described above, and inherent or otherwise. I assume such risks voluntarily, having had an opportunity to seek further information about the activities and risks and to limit participation if I choose. If the Participant is a minor, I, Parent, have discussed the activities and risks with him or her and the Participant assures me that he or she understands them and wishes to participate nevertheless, and I consent to such participation.

Agreements of Release and Indemnity: To the fullest extent allowed by the laws of the C of North Carolina (which may limit the scope of the following) I, an adult participant, or Parent of a minor participant (for myself and on behalf of the child), hereby release and agree to indemnify ("indemnify" meaning protect by reimbursement or payment) and hold harmless, and not to sue The Elite Athlete Training Academy, L.L.C. and their respective owners, staff, and instructors ("Released and Indemnified Parties") with respect to any and all liability for any loss, damage, expense or injury, including death, arising from or in any way related to my (or the minor's) enrollment or participation in an activity of The Elite Athlete Training Academy

Other:

I agree that, during the activities, I (or the child, if applicable) will not be under the influence of alcohol or any chemical substance or medication except medication specifically disclosed to The Elite Athlete Training Academy and approved by its agents. I represent further that neither I, nor my child, if applicable, has any condition, emotional or physical, that would cause me or the child to be a danger to ourselves or to others.

In the event of an accident requiring medical attention, I authorize The Elite Athlete Training Academy and its agents to render or seek emergency or other medical assistance, for me or the child and I agree that I am responsible for the costs and expenses of such care.

I grant permission to The Elite Athlete Training Academy and its agents or employees, to use multimedia images taken of me or the child for use in company publications and on the company website or other electronic forms or media, and official marketing materials without notice to me and without liability or compensation to me or the child.

I understand that I am encouraged to submit any questions regarding this document to The Elite Athlete Training Academy, and agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of its terms.

If I or the child has a legal dispute with The Elite Athlete Training Academy or another Released and Indemnified Party which cannot be settled through discussions between the parties, I will attempt to settle the matter by mediation before a mutually acceptable mediator whose name appears in the registry of persons recognized by North Carolina courts to be qualified persons for mediation assignments.

Any dispute between me, or the child, and a Released and Indemnified Party must be resolved in accordance with the laws of the of North Carolina (not including those which invoke the laws of another jurisdiction), and a suit against a Released and Indemnified Party must be brought in Mecklenburg County, North Carolina, or the county closest thereto which has a court of sufficient jurisdiction. I agree, for myself and for the child, to the jurisdiction of that court.

I will pay all costs and attorneys' fees incurred by The Elite Athlete Training Academy or other Released and Indemnified Party in investigating and defending a claim or suit brought in violation of this agreement not to sue.

If any portion of this Agreement is found by a court or other appropriate authority to be invalid, the remainder of the agreement nevertheless will be in force and effect.

Name of Participant: _____

Signature of Parent/Guardian of Participant: _____

By signing this Participant Agreement (including assumption of Risks and agreements of release and indemnity) form, I submit that I am over the age of 18 and verify that the signature is my own and I have signed this document under my own free will.

Waiver and Permission to Transport Child The Elite Athlete Training Academy

Child: _____

Event: _____ **Date:** _____

Location: _____

Driver: _____

I give permission for my child to be transported in a motor vehicle driven by the individual identified to an event at the specified location on the date indicated. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult volunteers.

I have read, understand, and discussed with my child that:

- (1) They will be traveling in a motor vehicle driven by an adult and they are to wear their safety-belt while traveling;
- (2) They are expected to respect each other, the vehicles they ride in, and the people they travel with during the trip;
- (3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and
- (4) They are to remain in their seats and not be disruptive to the driver of the vehicle.

I recognize that by utilizing motor vehicle transportation, there is risk of personal injury or permanent loss. I hereby attest and verify that I have been advised and am aware of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Child/Charge Signature: _____ Date: _____