Pearland Elite Training Center 4407 Halik St. Bldg C Pearland, TX 77581 281-506-8553

2022 EVENT RELEASE FORM

Students Name:	Birthday	y/_	/	_
Students Name:	Birthday	y/_	/	_
Students Name:		y/_	/	_
Gender: Allergies/Hea	alth Concerns:			_
Billing Address:				_
Emergency Contact:	Phone number:			_
Email:				
In consideration of participating in the Pearland that I am qualified in good health, and in proper are unsafe, I will immediately discontinue participation in the conditions in which the event takes placewent, the conditions in which the event takes placewent to make the conditions are assumed to make a result of my participation in LLC, its respective administrators, directors, again plicable, owners and lessors of premises on which is the conditions of th	Elite Training Center, LLC program, I represent that physical condition to participate in such Activity. I a cipation in the activity. I fully understand that this Activity, which may be caused by my own actions, or inactiace, or the negligence of the "releases" named below me; and I fully accept and assume all such risks and a nother than the Activity. I hereby release, discharge, and covernents, officers, volunteers, and employees, other partice which the Activity takes place, (each considered one of on my account caused or alleged to be caused in whole the operations and future agree that if, despite this releases a claim against any of the releases, I will indems, st, which any may incur as the result of such claim. If a support of the such claim and that I have ment or assurance of any nature and intend it to be a light agree that if any portion of this agreement is held to	I understand cknowledge tivity involvetions, those c; and that the all responsibe ant not to su ipants, any s f the "RELE e or in part te ease, waiver nify, save, a have read the ave given up complete an	d the nature of a that if I believed the special that if I believed that if I believed that if I believed that I believed th	re event conditions ous bodily injury, cipating in the er risks either not cost, and the Training Center, trisers, and, if in) from all ce of the "d ess each of the AND WAIVER ghts by signing it al release of all
Printed Name of Participant(s)	Date			
ACTIVITIES AND THE Minors experience and discharge, covenant not to sue and AGREE TO claims, demands, losses or damages on the minor Releases or otherwise, including negligent rescubehalf makes a claim against any of the above R	GUARDIAN, UNDERSTAND THE NATURE OF T d capabilities and believe the minor to be qualified to INDEMNIFY AND SAVE AND HOLD HARMLES ors account caused or alleged to have been caused in value operations, and further agree that if, despite this rel Releases, I WILL INDEMNIFY, SAVE AND HOLD adamage, or cost any RELEASEE may incur as the res	participate in SS each of the whole or in please, I, the rease, I the rease.	in such activity ne Releases from part by the negli minor, or anyon S each of the R	r. I hereby release, m all liability, ligence of the ne on the minors
Printed Name of Parent/Legal Guardian	Signature of Parent/Legal Guardian		Date	