

**PEARLAND ELITE TRAINING CENTER
2024 REGISTRATION FORM**

Student's Name: _____ Birthday ___/___/___ Gender: ___ Allergies/Health Concerns: _____

2nd Student's Name: _____ Birthday ___/___/___ Gender: ___ Allergies/Health Concerns: _____

3rd Student's Name: _____ Birthday ___/___/___ Gender: ___ Allergies/Health Concerns: _____

Address: _____ City: _____ St: _____ Zip: _____ Home Phone: _____

Guardian: _____ Relationship: _____ Cell Phone: _____ Email: _____

Guardian: _____ Relationship: _____ Cell Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

INFORMED CONSENT & ASSUMPTION OF RISK. I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in the activities of Pearland Elite Training Center (also known as Pearland Elite further referred as "RELEASEE") may cause injury, and voluntarily choose to participate in this program. There are always certain risks associated with any physical activity. I understand these risks and declare myself physically sound and capable to participate in the activities offered through Pearland Elite.

In making this activity available for your participation, Pearland Elite assumes no responsibility for injury. The responsibility is assumed entirely by the participant. Participants should have adequate personal insurance coverage.

WAIVER & INDEMNITY. In consideration of services or property provided, I, for myself, my guardians, personal representatives and assigns, do hereby release, waive, discharge and covenant not to sue Pearland Elite and their respective directors, instructors, officers, agents, advisors, employees, affiliates, members, volunteers, staff, heirs, assigns, and representatives, (collectively, the "RELEASEE") from any and all claims including, but not limited to, any claims arising from negligence of RELEASEE or any actions resulting in personal injury, accidents or illnesses (including death) and/or property loss arising from or relating in any way to participation in the Activity, the use of facilities in connection with the Activity, and/or travel before, during or after the Activity.

I agree to indemnify and hold harmless RELEASEE from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, and to reimburse RELEASEE for any such expense incurred in connection with or as a result of (1)(a) participation in the Activity or (b) travel associated with the Activity or (2) arising in connection with or as a result of any attempt by anyone including, but not limited to, Participant or anyone claiming on Participant's behalf, to avoid the terms of this document which I freely sign.

I HAVE READ THIS DOCUMENT IN ITS ENTIRETY, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS – INCLUDING MY RIGHT TO SUE. I KNOW, UNDERSTAND AND APPRECIATE THESE AND OTHER RISKS THAT ARE INHERENT IN THE ACTIVITY. I EXPRESSLY AGREE AND ASSERT THAT PARTICIPATION IN THE ACTIVITY IS VOLUNTARY AND I KNOWINGLY ASSUME ALL SUCH RISKS AND ELECT TO PROCEED WITH THE PARTICIPATION DESPITE ALL THE RISKS. I ACKNOWLEDGE THAT I AM SIGNING THIS DOCUMENT FREELY AND VOLUNTARILY AND INTEND, BY MY SIGNATURE, THE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Having such knowledge, I do hereby release Pearland Elite of all liability related to injuries or accidents which may occur as a result of participation. I hereby assume all risks connected therewith and consent to participate according to the rules and policies of Pearland Elite Training Center.

Print Name (if participant is over 18)

Print Name (parent/guardian if minor)

Signature

Date

Signature of parent or guardian

Date

HOW DID YOU HEAR ABOUT US? _____