

LIABILITY RELEASE AND WAIVER FORM

Every Participant must have completed and returned this form in order to engage in any activity affiliated with Forever Xclusive



Minors Name _____

D.O.B _____ / _____ / _____ Age: _____

Is your athlete Covid-19 Vaccinated? Yes _____ No _____
Are all Eligible Household members Vaccinated? Yes _____ No _____
What are your athletes allergies? _____
Do you give permission to Forever Xclusive to administer medication if needed?
Yes _____ NO _____ Call first _____
(QTY) Tylenol(500mg) _____ Motrin(200mg) _____

Parent or Legal Guardian Name: _____

Address: _____

City: _____ State: _____ Zip _____ APT: _____

Contact Number : () _____

Secondary Number:() _____

EMAIL: _____@_____.COM

LIABILITY RELEASE: For goods and valuable consideration, the receipt and sufficiency of what are hereby acknowledged, I understand as a parent or legal guardian of the minor above (hereinafter "minor"), hereby grant the permission necessary to all the above named participate at Forever Xclusive. I, In my own Behalf of the minor, Further agree to release and hold Forever Exclusive, the affiliates of Forever Xclusive their affiliates(hereinafter collectively "releasees") from any and all liability, whether caused by negligence of the releasees or otherwise for any claim, judgement, loss, liability, cost, and expenses (including, without limitations, attorney's fees and cost) arising out of or connected with the event, including any claims arising out of or connected with any illness or injury (minimal, serious, catastrophic, and/or fatal) that minor may incur or sustain during the event, all activities associated with Forever Xclusive and while traveling to and from the event whether or not the event took place. I further expressly agree to indemnify and hold harmless releasees and releasees' Heirs, successors, assigns, executors, and administrators against loss from any further claims, demands, or actions that may subsequently be brought by the minor or by any other persons on the account of damages of any character resulting to the minor in any way from the foregoing activities. I further agree to reimburse and to make good to releasees' any loss or costs releasees may have to pay as a result of such any action, claim or demand. I, in my own behalf and on behalf of minor, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of minor, further acknowledge that in this Liability release constitutes a guarantee that the event will occur. I, in my own behalf and on behalf of minor, have signed this document of my own free will

Forever Xclusive LLC. require insurance information from each individuals enrolled or attending in any event or class. Each Athlete's parent/guardian must sign the waiver form and state their insurance coverage. If no coverage provided please sign line regardless.

Our Insurance coverage is with : _____

Policy Number: _____

I accept responsibility for all financial liability incurred by my athlete as any result of accident or injury while he or she is a participant with Forever Xclusive LLC.

Parent/ Guardian Signature

X _____ **Date** _____