Invicta Performance (IP) Waiver and Informed Consent Form

By signing this form, I give my consent for my child (participant), or the child to whom I am legal guardian, to participate in the Invicta Performance (IP) program conducted by Invicta Sports LLC. I understand that the goal of the IP program is to help the participant improve sports performance through strength, agility, quickness, power, and flexibility training.

Benefits
Participation in the IP program has been shown to improve sports performance specifically related to volleyball. Participation in this program has also been shown to produce positive changes that may include increased work capacity, improved cardiovascular efficiency, and increased muscular strength, flexibility, power, and endurance. Increased muscular strength, flexibility, power, and endurance has been shown to help prevent injury and reduce severity of minor injuries (sprains, strains).

Risks
By signing this form, I recognize that IP sessions involve inherent risk to the musculoskeletal system (sprains, strains) and the cardiorespiratory system (dizziness, discomfort in breathing, heart attack) and in rare instances, death. I hereby certify that I know of no medical problems that would increase the participants' risk of illness and injury as a result of participation in the IP program.

Health and Safety
By signing this form, I confirm that the participant is physically capable and sufficiently understand what is required for participation in the IP exercise program. I have not been advised against participation by a qualified medical professional. The participant agrees to follow all instructions and policies provided by the personal trainer and coaches. I acknowledge the responsibility of the participant to exercise within their limits and to immediately discontinue participation if at any time they feel conditions are unsafe or they feel unable to safely continue.

Use of Picture(s)/Film/Likeness
My signature on this form authorizes Invicta Sports LLC to use the likeness of the participant in photography and film in any and all of its publications, including but not limited to all of its printed and digital publications. I understand and agree that any photograph or film using the participants likeness will become property of Invicta Sports LLC. Since participation in the IP program is voluntary, myself or the participant will receive no financial compensation for such use. I hereby irrevocably authorize Invicta Sports LLC to edit, alter, copy, exhibit, publish, or distribute photography and film for purposes of publicizing Invicta Sports LLC, Invicta Sports Performance, and Invicta Volleyball or for any other lawful purpose. Additionally, I waive any right to inspect or approve the finished product, including written or electronic copy, wherein participants likeness appears. I also waive any right to royalties or other compensation arising or related to the use of the photography or film.

Disclaimer of Liability/General Release and Waiver
By signing this consent form I hereby release in full and forever discharge Invicta Sports LLC, its directors, coaches, trainers, managers, members, owners, and all other participants and guests, whether acting officially or otherwise, from any and all injury, liability, damage claims, demands, and/or causes of action, whether foreseen or unforeseen, relating to or deriving from any injury to the participant, myself, or any members of participants family, during or arising out of participation in the IP program.

Participant Parent or Guardian Signature

Date

Participant Name (Please Type)