

LIV2 ATHLETICS

Youth Sports Camp Liability Release & Waiver (One-Day Camp Participation Agreement)

Participant Name: _____ Date of Birth: _____ Camp Date: _____

Parent/Guardian Name (if participant is under 18): _____

Phone Number: _____ Email: _____

ASSUMPTION OF RISK

I understand and acknowledge that participation in athletic training, sports camps, practices, instruction, and related activities involves inherent risks, including but not limited to physical injury, illness, permanent disability, paralysis, or death. These risks may arise from my own actions, the actions of others, equipment used, or conditions of the facility. I voluntarily choose to participate (or allow my child to participate) in the Liv2 Athletics one-day youth sports camp and fully assume all risks, known and unknown.

RELEASE OF LIABILITY

In consideration of being permitted to participate in the Liv2 Athletics youth sports camp, I hereby release, waive, discharge, and hold harmless Liv2 Athletics, its owners, operators, coaches, instructors, staff, volunteers, contractors, and representatives from any and all claims, demands, damages, losses, or causes of action, whether caused by negligence or otherwise, arising out of or related to participation in camp activities. This release applies to any injury, accident, illness, property damage, or loss to any athlete, parent, guardian, coach, spectator, or other individual present during the rented facility hours.

FACILITY USE ACKNOWLEDGMENT

I acknowledge that Liv2 Athletics does not own or control the rented facility and is not responsible for the condition, maintenance, or safety of the premises. Liv2 Athletics shall not be held liable for injuries or damages arising from facility conditions, equipment, or the actions of other participants or attendees.

MEDICAL CONSENT

I certify that the participant is physically able to participate and has no medical condition that would prevent safe participation. In the event of an emergency, I authorize Liv2 Athletics to seek medical treatment as deemed necessary. I understand that I am solely responsible for any medical expenses incurred.

INDEMNIFICATION

I agree to indemnify and hold harmless Liv2 Athletics from any claims, liabilities, damages, or expenses (including attorney's fees) arising from participation in the camp, including claims brought by third parties.

PHOTO & VIDEO RELEASE (OPTIONAL)

I grant permission for Liv2 Athletics to photograph or record the participant during camp activities for promotional, educational, or marketing purposes without compensation.

Yes No

ACKNOWLEDGMENT & SIGNATURE

I have read and fully understand this Liability Release and Waiver and sign it freely and voluntarily.

Participant Signature (if 18+): _____ Date: _____

Parent/Guardian Signature (if under 18): _____ Date: _____

Printed Name: _____
