

PE | Participation Waiver & Parent/Guardian Consent

Athlete Information

Athlete Full Name: Enter value

Athlete Date of Birth: Select date

Parent/Guardian Information

Parent/Guardian Name:

Phone:

Email:

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1. Acknowledgment of Risk

I understand that participation in a Performance Experience athletic assessment, speed/performance training, clinic, camp, or related athletic activity (collectively, 'PE Activities'). involves inherent risks, including but not limited to: muscle strains, sprains, falls, collisions with other participants or equipment, and other physical injuries. I acknowledge that these risks may arise from my own actions or inactions, the actions of others, or the condition of the facility or equipment.

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2. Medical Fitness

I certify that I (or my child) am physically fit and able to participate in PE Activities,. I have not been advised otherwise by a qualified medical professional. I agree to immediately stop participation if any unusual pain, discomfort, or injury occurs.

3. Release and Waiver of Liability

In consideration of being allowed to participate in PE Activities, I hereby release, waive, discharge, and covenant not to sue the camp organizers, coaches, trainers, staff, facility owners, and any affiliated organizations (collectively, the "Released Parties") from any and all liability, claims, demands, losses, or damages arising out of or related to participation in the camp, including those caused by negligence, to the fullest extent permitted by law.

4. Indemnification

I agree to indemnify and hold harmless the Performance Experience, LLC, Sports and Fitness powered by PE and the appropriate PE representatives—such as its owners, employees, coaches/instructors, contractors and agents. from any loss, liability, damage, or costs they may incur due to my (or my child's) participation in PE Activities.

5. Emergency Medical Authorization

I authorize PE staff, coaches, and emergency personnel to obtain or provide medical care for me (or my child) in the event of injury or illness. I understand that I am responsible for any medical expenses incurred.

6. Assumption of Responsibility for Personal Property

I understand that Performance Experience, LLC is not responsible for lost, stolen, or damaged personal items brought to PE Activities or training facilities.

7. Rules and Conduct

I agree (or agree on behalf of my child) to follow all rules, instructions, and safety guidelines. I understand that failure to comply may result in removal from PE Activities without refund.

8. Minor Participant Consent (if applicable)

As the parent or legal guardian of the minor participant listed above, I consent to their participation in PE Activities and agree to all terms of this waiver on their behalf.

Parent/Guardian Signature: Signature

Date: Select date

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9. Final Acknowledgment

By signing above, I acknowledge that I have carefully read this entire waiver, understand its terms, and voluntarily agree to them.

Emergency Contact Name: Type here

Emergency Contact Phone: Type here

Allergies/Medical Conditions (if any): Type here