

21st Century Athletics LLC.



Athlete Name: _____ Age: _____

Parent/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Emergency Phone: _____

Email Address: _____

ACKNOWLEDGEMENT OF RISK AND DANGER AND ASSUMPTION OF RISK -

- ☐ By Checking this box I understand and am aware that the use of the 21st Century Athletic LLC Pressroom facilities and equipment has inherent and unanticipated and unknown risks and dangers that may cause injuries or death. I expressly assume all risk or injury or death that may be sustained during my use of the facilities and equipment, its officers, director, agents, landlord and employees, defects in the facilities and equipment, the negligence of others and my own negligence or misuse.

RELEASE, COVENANT AND PROMISE NOT TO SUE *

- ☐ By checking this box In consideration of being permitted to use the 21st Century Athletics LLC Pressroom facilities, services and equipment, I hereby release, acquit and discharge this facility, its successors and assigns, and its offices, directors, agents, landlord, and employees of and from all claims and liability of any kind which agree that I will not sue or commence any action of any kind against 21st Century Athletics LLC program, its successors and assigns its officers, directors, agents, landlord or employees.

PARENT/GUARDIAN/CONSERVATOR INDEMNIFICATION AGREEMENT *

- ☐ By checking this In consideration of my child/ward being permitted to use the 21st Century Athletics LLC. Pressroom facilities and equipment I agree to indemnify and hold harmless this facility, its successors and assigns, and its officers, directors, agents and employees of and from any claims, demands, liability, or judgments made by or on behalf of my child/ward arising out of or during my child/ward's use of the 21st Century Athletics LLC facilities and equipment.

WAIVER*

- ☐ By checking this box I acknowledge and agree that: I declare that I have no known medical problems that would preclude my participation 21st Century Athletics LLC. Training. Regarding my medical history and physical condition is, to the best of my knowledge, true and correct. My participation in the 21st Century Athletic LLC. Training is voluntary and I assume all risk of injury or contraction of any illness or medical condition that may result, or the aggravation of any pre-existing medical condition I may have, or any damage, loss or theft of any personal property resulting or arising out of my participation. I understand and acknowledge that 21st Century Athletics LLC. has no expertise in diagnosing, examining, or treating any medical condition, whether existing or incurred as a result of my participation in 21st Century Athletics LLC. Training. I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A COMPLETE RELEASE OF LIABILITY, THAT I HEREBY WAIVE ANY RIGHT THAT I MAY NOW HAVE OR WILL HAVE TOO BRING ANY LEGAL ACTION AGAINST 21st Century Athletics LLC. ITS EMPLOYEES, AGENTS, LANDLORD, SUCCESSORS OR ASSIGNS, FOR ANY LIABILITIES THAT MAY RESULT, WHETHER DIRECTLY OR INDIRECTLY, FROM 21st Century Athletics LLC. NEGLIGENCE.

Signature Confirmation: _____ Date: _____
(Parent or 18 & older)

21st Century Athletics LLC.