



**CSPAT CONDITIONING CAMP
PARTICIPANT WAIVER**

Parental Waiver, Release of Liability, Indemnification and Consent Form

I, the undersigned, as the parent or legal guardian of the child named below, do hereby give my full consent and approval for my child to participate as a member of the **CSPAT Conditioning Camp**, including its teams (hereinafter referred to as “Sponsor”) and release authorization for any use of photographs or videos of training sessions used for advertising purposes by CSPAT organization.

I understand that there are certain risks of damages and injuries, including death, inherent in the practice and play of **CSPAT Conditioning** (hereinafter the “Activity”), as well as in travelling and other related activities incidental to my child’s participation, and I am willing to assume these risks on behalf of my child. These risks include, but are not limited to, those hazards associated with weather conditions, travel, playing conditions, equipment and other participants.

I understand that the very nature of the Activity is hazardous and risky, including, but not limited to, the acts of throwing, running, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to my child and to other players.

Further, I agree that in consideration for the right to allow my child to participate in the Sponsor’s Activities, and in consideration for permission to play on the fields arranged for by Sponsor:

1. On behalf of my child and myself, I do voluntarily elect to accept and solely assume all risks of injury incurred or suffered by my child (a) while practicing or playing as a member of his or her team, (b) while serving in a non-playing capacity as team member or observer during practice or play by other teams or by other players on my child’s team, and (c) while on or upon the premises of any and all of the fields arranged for by Sponsor for practice or play.
2. In addition to giving my full consent for my child’s participation, I do hereby waive, release, discharge and agree not to sue Sponsor, the Clark Sports Personal Athletic Training, its management company, the owner or operator of any fields used by Sponsor, or the directors, officers, agents, servants, associations, employees, or any other person or entity connected with either for any claim, damages, costs including attorneys’ fees, or cause of action which I or my child have or may have in the future as a result of damages, injuries, including death, sustained or incurred by my child from whatever cause, including but not limited to, the negligence, breach of contract or wrongful conduct of the parties hereby released.

I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as made known to Sponsor in the accompanying Medical Release.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

PARENT SIGNATURE: _____

DATE: _____

PARENT NAME: _____

CHILD NAME: _____