

MEDICAL LIABILITY WAIVER / INFORMED CONSENT FORM

I certify I am the parent or legal guardian of _____, the Child Participant (should the child participant not be of legal age, 18 years old, to sign this release) and I, personally and /or on behalf of Child Participant, and /or myself as an Adult Participant _____ acknowledge I have read this Waiver, Release, and Agreement and hereby release Evolve 2 Excellence LLC and its' agents from any claims, demands, and causes of action as a result of her/his/my voluntary participation and enrollment. I also agree to hold harmless the Evolve 2 Excellence LLC Parties from any and all claims arising out of the equipment or uniform supplied to the Participant for use in activities, or the equipment or other materials used by Evolve 2 Excellence LLC staff, and volunteers, in implementing the activities.

I am aware that the program may involve strenuous physical activity including, sports related activities, such as but not limited to, baseball, softball, and umpiring activities, muscle strength and endurance training, cardiovascular conditioning and training, and other sports and fitness activities. I hereby affirm that the Participant is in good physical condition and does not suffer from any known disability or condition which would prevent or limit her/his/my participation in this sports program. I acknowledge that enrollment and subsequent participation is purely voluntary.

I fully understand the Participant may injure herself/himself/themself as a result of enrollment and subsequent participation in this program, and on their behalf, I hereby release Evolve 2 Excellence LLC and its' agent from any liability now or in the future for conditions that she/he/I may obtain. These conditions may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, injuries to knees, injuries to back, injuries to neck, injuries to foot, or any other illness or soreness that she/he/I may incur including death. Participants must supply a doctor's note clearing them for sports related activities when returning to participate upon recovery from a concussion.

I recognize all participants are expected to obey the instructions of staff, coaches, their assistants, volunteers, and any other staff, and I have instructed the Child Participant, as well as myself, to obey said coaches and other Evolve 2 Excellence LLC staff. I understand and acknowledge that the Evolve 2 Excellence LLC staff and Parties reserve the right to terminate the participation in the programs of any Child or Adult Participant, or adult guardian, whose conduct may be considered by the Evolve 2 Excellence LLC Parties, in their sole discretion, to be detrimental or incompatible with the interests and security of the activities. In the event of any such action by the Evolve 2 Excellence LLC parties, I understand and acknowledge that we will have no right to any compensation or damages from the program parties. I acknowledge we may be asked to leave the program or facility, without refund, and our participation may be terminated.

_____ (Participant's Name)

_____ (Adult Participant or Parent / Guardian Signature)

_____ (Parent / Guardian Printed Name)

_____ (Date)