

ALLSTAR ATHLETICS TEAM WAIVER/LIABILITY FORM

TEAM LIABILITY RELEASE INFORMATION, ASSUMPTION OF RISK, COMMITMENT, AND MEDIA RELEASE Team Name: _____

I, the undersigned parent or guardian, do hereby grant permission for my athlete, whose name is listed on this registration, and hereinafter shall be referred to as "participant", to participate in camps or clinics and any and all other activities offered by Allstar Athletics. In order that participant may receive the necessary medical treatment in the event of an injury or illness, I hereby authorize Allstar Athletics staff to obtain medical treatment for the participant for such injury or illness, and I hereby hold Stan Stec, Patrice Stec, Allstar Athletics, any agent, employee, or any representative of Allstar Athletics harmless in the exercise of this authority. I further acknowledge, understand and agree that in participating in these activities and any and all other activities offered by Allstar Athletics there is possibility of physical injury (minimal, serious or catastrophic) or illness, and that participant is assuming the risk of such injury or illness by participating. I further acknowledge and understand that my participant is assuming the risk of such physical injury or illness. Therefore in consideration of participating in camps, clinics and any and all other activities offered at Allstar Athletics, I, my heirs and assigns, spouse, athlete, next of kin, and all others acting on my behalf, agree to indemnify and hold harmless Stan Stec, Patrice Stec, Allstar Athletics, any agent, employee, or any representative of Allstar Athletics, from any and all liability, loss, damage, or claims arising from injury or illness incurred by participant during the course of participating in practices, competitions and any and all other activities offered by Allstar Athletics. Including reasonable attorney's fees resulting from claims, cause of action, demands and costs of judgment. I also give permission to Allstar Athletics and its designees to photograph, videotape and/or audio tape the participant during any Allstar Athletics activity. I further give permission for such photographs, videotapes and/or audiotapes to be used in print or broadcast media as deemed appropriate for the promotion of any Allstar Athletics activities.

I certify that I have medical insurance on my child that will provide coverage while he/she participates in an Allstar Athletics Camp, Clinic, or Activity.

| Participant Name | Age | Birth Date | Insurance Company Name | Policy Number | Parent/Guardian Signature | Date Signed |
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Coach Signature: _____ Please use additional copies of this form as need. Individual Liability/Waiver Form is not required when using this form.