



RELEASE AND PARENTAL PERMISSION ACKNOWLEDGEMENT AND ASSUMPTION OF RISK WAIVER AND RELEASE FROM LIABILITY INDEMNITY AND HOLD HARMLESS

I \_\_\_\_\_, as parent or guardian hereby give my consent for the below named minor to participate in sports training and fitness activities conducted by Orthosport Physical Therapy and Athletic Rehabilitation, Inc. I know that activities such as SST can be an action sport carrying significant risk of serious personal injury, death or property damage. I also know that there are natural, mechanical and environmental conditions and risks which independently or in combination with the minor’s activities may cause property damage, or severe or even fatal injuries. I agree that I and the minor are alone responsible for: (a) safety while participating in sports training and fitness activities and (b) providing, utilizing and maintaining that equipment necessary for the safe enjoyment of the minor’s participation in such events and specifically acknowledge that Orthosport Physical Therapy and Athletic Rehabilitation, Inc. and any agent, representative, officer, director, employee, member or affiliate of any person or entity associated with it are not responsible for the minor’s safety. In behalf of the minor, I specifically WAIVE, RELEASE and DISCHARGE in advance, those parties from any liability whether known or unknown, even that liability which may arise out of negligence or carelessness on the part of persons or entities mentioned above. I agree to accept all responsibility for the risks, conditions and hazards which may occur whether they now be known or unknown.

As parent or guardian for the named minor, I further agree to forever HOLD HARMLESS and INDEMNIFY Orthosport Physical Therapy and Athletic Rehabilitation, Inc. and all persons and entities identified above, generally and specifically, from any and all liability for death, personal injury or property damage, resulting in any way from the minor’s participating in SST events or training.

I will DEFEND AND INDEMNIFY Orthosport Physical Therapy and Athletic Rehabilitation, Inc. and others named herein for any loss or damage, including any that results from claims or lawsuits for personal injury, death and property loss and damage in behalf of the below named minor relating in any way to these activities.

I agree that I and the below named minor will accept and abide by the rules and regulations of Orthosport Physical Therapy and Athletic Rehabilitation, Inc. This Acknowledgement & Assumption of Risk and Waiver & Release from Liability shall be binding upon my heirs and assigns. This Acknowledgement & Assumption of Risk and Waiver & Release from Liability is continuing and remains in effect for the entire time the minor listed below participates in training programs.

WE, PARENT/GUARDIAN AND NAMED MINOR, HAVE READ THE ABOVE TERMS OF THE CONTRACT, WE UNDERSTAND THEM AND AGREE TO ABIDE BY THEM.

PRINT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

DATE: \_\_\_\_\_

Signature of Parent/Guardian

DATE: \_\_\_\_\_

WITNESS

**EMAIL:** \_\_\_\_\_