



Principles First Inc. Release of Liability

AUTHORIZATION TO PARTICIPATE:

I, the parent or legal guardian of _____, (my or the "Child") authorizes the participation of my Child in the Principles First Inc. ("Principles First") athletic program. My Child will participate in basketball, strength and conditioning, clinics, personal training, physical activity, group activity and drills, individual activity and drills, and athletic competition ("Athletic Program"). I understand that the Athletic Program is a youth sports organization, and that my Child's participation is voluntary and at my and the Child's own risk. I understand that Principles First is conducted by its staff and volunteers, including parents of other participating children.

_____ [Parent/Guardian Initial]

USE OF NAME AND LIKENESS

I give permission of free use of my Child's name and picture in team photos, videos, broadcasts, telecasts, or written accounts for any participation in the Athletic Program.

_____ [Parent/Guardian Initial]

ASSUMPTION OF RISK:

I FURTHER UNDERSTAND AND AGREE THAT MY CHILD'S PARTICIPATION IN THE ATHLETIC PROGRAM NECESSARILY INVOLVES THE RISK OF INJURY AND EVEN DEATH FROM VARIOUS CAUSES, INCLUDING BUT NOT LIMITED TO, ACCIDENTS, FALLS, STRENUOUS AND PROLONGED PHYSICAL ACTIVITY, DEHYDRATION, ILLNESS, COLLISION, OR DISPUTE WITH OTHER PARTICIPANTS, WEATHER RELATED INJURIES, PLAYING AREA AND EQUIPMENT DEFECTS, NEGLIGENCE OF COACHES, REFEREES, OFFICIALS, OR OTHERS. ON BEHALF OF MY CHILD, ME, AND MY FAMILY, I ASSUME THESE RISKS.

_____ [Parent/Guardian Initial]

RELEASE OF LIABILITY:

IN CONSIDERATION OF THE PRIVILEGE OF MY CHILD'S PARTICIPATION IN THE ATHLETIC PROGRAM, AND ON BEHALF OF MY CHILD AND ME AS PARENT/GUARDIAN, I HEREBY RELEASE, DISCHARGE, HOLD HARMLESS AND INDEMNIFY AND COVENANT NOT TO SUE, THE CHURCHES, FACILITY OWNERS, PRINCIPLES FIRST DIRECTORS, VOLUNTEERS, OFFICERS, ELDERS, TRUSTEES, EMPLOYEES, VOLUNTEERS, INSURERS, AGENTS AND REPRESENTATIVES, AND ALL OTHER PERSONS ASSOCIATED WITH THE ATHLETIC PROGRAM OR PRINCIPLES FIRST (INCLUDING WITHOUT LIMITATION ANY OTHER SPONSORS, PARENTS, VENDORS, COACHES, GAME AND EVENT WORKERS, OFFICIALS, DRIVERS, AND ORGANIZATIONS) AS TO ANY AND ALL CLAIMS OF MY CHILD, ME AND OTHER FAMILY MEMBERS FOR PERSONAL INJURIES SUFFERED BY MY CHILD, PROPERTY DAMAGE, MEDICAL EXPENSES, AND ECONOMIC LOSS ARISING DIRECTLY OR INDIRECTLY OUT OF MY CHILD'S PARTICIPATION IN THE ATHLETIC PROGRAM, AND ANY FIRST AID, MEDICAL CARE OR TREATMENT PROVIDED TO MY CHILD IN THE EVENT MY CHILD IS INJURED, OR BECOMES ILL WHILE PARTICIPATING IN THE ATHLETIC PROGRAM, AND EXCEPTING CLAIMS THAT MAY NOT BE RELEASED UNDER APPLICABLE LAW. THIS RELEASE OF LIABILITY SHALL BE AS BROADLY CONSTRUED AS ALLOWED BY LAW TO INCLUDE ALL CLAIMS AND RIGHTS THAT MY CHILD, THAT I AS PARENT/GUARDIAN, AND THAT OTHER FAMILY MEMBER MAY HAVE. I AM A LEGALLY RESPONSIBLE PARENT OR GUARDIAN OF MY CHILD. IF ANY PROVISION OF THIS RELEASE OF LIABILITY IS DEEMED INVALID, THE REMAINING PROVISIONS SHALL REMAIN IN FULL FORCE AND EFFECT. THIS RELEASE OF LIABILITY SHALL BE BINDING ON ME, MY FAMILY, HEIRS, NEXT OF KIN, LEGAL REPRESENTATIVES, BENEFICIARIES, SUCCESSORS AND ASSIGNS.

_____ **[Parent/Guardian Initial]**

DISCLOSURE OF MEDICAL CONDITIONS:

MEDICAL CONDITIONS I understand that participation in the Athletic Program may involve strenuous and prolonged physical activity. I hereby declare and affirmatively represent that my child is healthy and able to participate in the Athletic Program. I hereby declare and affirmatively represent that my child has undergone and passed a physical from a qualified medical professional within the last twelve (12) months.

_____ **[Parent/Guardian Initial]**

CONSENT TO MEDICAL DISCLOSURES

I understand that Principles First or its representatives may request health information concerning my Child and/or ask my Child to undergo a medical exam. If Principles First determines that my Child does have a physical or mental condition that may affect his/her ability to safely and appropriately participate in the Athletic Program, Principles First may determine that my child cannot be permitted to participate. I understand and agree that, while Principles First desires that all children will be able to participate, such decisions may have to be made out of concern for the best interests of my Child and other participants.

_____ [Parent/Guardian Initial]

CONSENT TO MEDICAL TREATMENT:

CONSENT TO MEDICAL TREATMENT IN THE EVENT MY CHILD IS INJURED OR BECOMES ILL IN THE ATHLETIC PROGRAM, AND IF I, THE PARENT OR GUARDIAN OF THE ABOVE-NAME CHILD, AM NOT PRESENT TO MAKE MEDICAL DECISIONS, I HEREBY AUTHORIZE PRINCIPLES FIRST, ITS STAFF, VOLUNTEERS, INCLUDING VOLUNTEER PARENT PARTICIPANTS, COACHES, ASSISTANT COACHES, AND REFEREES, SUPERVISORS AND DRIVERS, TO ARRANGE FOR AND CONSENT ON MY BEHALF TO EMERGENCY MEDICAL AND DENTAL CARE AND TREATMENT, INCLUDING TESTS AND RADIOLOGICAL EXAMS, AND SURGERY, AND HOSPITAL CARE AND TREATMENT, AND TO CONSENT TO MEDICATIONS FOR PAIN AND OTHER CONDITIONS AS PRESCRIBED BY MEDICAL PERSONNEL ATTENDING MY CHILD. I AM RESPONSIBLE FOR PAYMENT OF ANY MEDICAL CHARGES OR EXPENSES NOT COVERED BY MY INSURANCE OR THE INSURANCE APPLICABLE TO MY CHILD (IF ANY).

_____ [Parent/Guardian Initial]

Principles First reserves the right to request proof of age of my Child for any reason. This proof must be in the form of a certified copy of a state or country issued birth certificate.

My signature below indicates that all information provided in this form is true and accurate, and that I fully agree to all statements made on the form, including but not limited to, the Authorization to Participate, the Assumption of Risk, Release of Liability, Use of Name and Likeness, Disclosure of Medical Conditions, Consent to Medical Disclosures, and Consent to Medical Treatment.

Signature of Responsible Parent/Guardian of the Child:

Name of the Child: _____

Responsible Parent/Guardian Signature: _____

Date: _____