

# Barton Football Academy (T-12 Sports LLC) Medical Release

TO BE COMPLETED BY PARENT AND SENT TO ADDRESS BELOW:

Participant Name: \_\_\_\_\_

Parents Home Phone (\_\_\_\_) \_\_\_\_\_ Parents Cell Phone (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

(DOB) \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Relationship of contact person to athlete: \_\_\_\_\_

Dr. Name: \_\_\_\_\_ Dr. Phone: \_\_\_\_\_

As Parent or Legal Guardian, I authorize the Barton Football Academy (T-12 Sports) to seek qualified medical assistance to examine the above-named participant and in the event of injury or other medical condition requiring treatment, to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, it deems necessary to insure proper care of any injury or other medical condition.

## RELEASE AND PARENTAL CONSENT AGREEMENT

For and in consideration of permission to anticipate in any Barton Football Academy activity or program (collectively, "Activity" or "Activities") and the instruction received, I, for myself and on behalf of my minor child, hereby agree as follows:

1. My child is in good health and physical condition, and has the physical and mental capacity to participate in the Activities. If at any time my child or I believe any Activity to be unsafe, my child will immediately discontinue further participation in the Activity and I will instruct my child in this manner.
2. I FULLY UNDERSTAND THAT: (A) ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (B) THESE RISKS MAY BE CAUSED BY THE ACTIONS OR INACTIONS OF MY CHILD OR OTHER PARTICIPANTS OR BYSTANDERS, THE CONDITIONS IN WHICH THE ACTIVITY TAKES PLACE, THE NEGLIGENCE OF THE "RELEASED PARTIES" NAMED BELOW, OR OTHER CAUSES; (C) THERE MAY BE OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES EITHER NOT KNOWN TO ME OR NOT READILY FORESEEABLE AT THIS TIME; AND I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES FROM PARTICIPATION IN AN ACTIVITY.
3. I, ON BEHALF OF MY CHILD, OUR FAMILY, AND ANY PERSON WHO MAY HAVE A CLAIM ARISING OUT OF OR BASED UPON INJURY OR LOSS ASSOCIATED IN ANY WAY WITH ANY ACTIVITY HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE BARTON FOOTBALL ACADEMY, OR ITS ADMINISTRATORS, DIRECTORS, AGENTS, OFFICERS, MEMBERS, VOLUNTEERS, OR EMPLOYEES, OTHER PARTICIPANTS, ANY SPONSORS, ADVERTISERS, AND, IF APPLICABLE, OWNERS AND LESSOR OF PREMISES ON WHICH ANY ACTIVITY TAKES PLACE, (EACH A "RELEASED PARTIES") FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF ANY OF THE RELEASED PARTIES OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND I FURTHER AGREE THAT IF, DESPITE THIS RELEASE AND PARENTAL CONSENT AGREEMENT I, OR ANYONE ON MY BEHALF, MAKES A CLAIM AGAINST ANY OF THE RELEASED PARTIES, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASED PARTIES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS, LIABILITY, DAMAGE, OR COST WHICH MAY INCUR AS THE RESULT OF SUCH CLAIM.

X \_\_\_\_\_ Date \_\_\_\_\_

(Signature of Parent / Guardian)

Print Parent / Guardian Name: \_\_\_\_\_