



Waiver and release of all claims form

PARTICIPANT(S) _____ **PHONE NO.** _____

ADDRESS _____

EMERGENCY CONTACT _____ **PHONE NO.** _____

Please read this form carefully and be aware that in signing up and participating in this program, you will be waiving and releasing all claims for injuries, you might sustain arising out of this program.

“As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including damages or loss which I may sustain as a result of participating in any and all activities connected with such program. I agree to waive and relinquish all claims I may have as a result of participating in the program against **The Art Jones Academy Sports, Inc.** and its officers, agents, volunteers, and employees from any all claims from injuries, including damage or loss, which I may have or which may accrue to me on account of my participation in the program. I further agree to indemnify and hold harmless and defend **The Art Jones Academy Sports, Inc.** and its officers, agents, volunteers and employees from any and all claims resulting from arising out of, connected with, or in any way associated with the activities of the program. In the event of an emergency, I authorize **The Art Jones Academy Sports, Inc.** to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.”

I have read and fully understand the above program details and waiver, and I release of all claims. A signature is required for all participants 18 years or older, parent or guardian signature for those under 18.

PRINT NAME: _____

SIGNATURE: _____ **DATE:** _____