



Franchise name: _____

PSi league/event dates: _____

Participants name: _____

14. Participant waiver

14.1 I hereby authorize The Company or its representatives to obtain emergency medical treatment on behalf of my child in the event that, in the opinion of The Company or its representatives, my daughter/son is in need of such treatment. I further agree that I will be responsible for the payment of any and all medical treatment, associated transportation costs or medicines of any nature which may arise in connection with any sickness or accident which may occur during the Event/League and/or Clinic , whether such expense is incurred during or subsequent to the Event/League and/or Clinic , and will indemnify and hold harmless the Event/Camp and/or Clinic and further release the Event/League and/or Clinic , or its representatives for any damages sustained by me in connection with providing of medical treatment.

I acknowledge and understand that The Company's Events/Camps and/or Clinics are privately run sports events and have no affiliation or partnerships with the venues and/or facilities at which they are operated. I agree to hold the Event / League and/or Clinic location, venue and/or host, its facilities, management and employees as well as The Company and its business partners, officers, agents, employees, coaches, chaperones and officials harmless from and against any and all claims for injury, costs, liability, damages or loss to person or property which may be sustained or occur while at Events / Leagues and/or Clinics, whether or not they are due to negligence and in consideration I give my consent for my child named on the application to participate in all sport activities at the Event / League and/or Clinic. Also, any damaged caused by my daughter/son to camp or facility property will be her/his responsibility to remedy or reimburse.

I hereby acknowledge that there is a risk of injury involved in sports participation. My daughter/son is physically fit and able to participate in strenuous activities and attend this Event / League and/or Clinic.

Parent/Guardian signature: _____