

Waiver/Release



Participant's Full Name

Parent/Guardian of

Full Name

Parent/Guardian name

I give my permission for my son/daughter /guardian to participate in 5 Star Training both personal and group ., I acknowledge on behalf of my child (or child the child for which I am guardian) that participation in 5 Star activities with Trice Crump and 5 Star Football staff, can and may create risk of bodily injury to the child. I HEREBY ASSUME ON BEHALF OF THE CHILD ALL RISK OF PARTICIPATION, KNOWN AND UNKNOWN, ANTICIPATED AND UNANTICIPATED, FORESEEABLE AND UNFORESEEABLE, INCLUDING BUT NOT LIMITED TO THE RISK OF BODILY INJURY OR DEATH. For good and valuable consideration, including the child being permitted to participate, the child, the child’s family members the child’s successors, heirs, assigns, executors and administrators, forever releases and discharge Trice Crump and 5 Star Football, its employees, representatives, and agents, OR ANY OTHERS ASSOCIATED WITH HIM, HER, OR THEM, EITHER INDIVIDUALLY OR BY JOINT VENTURE, from all claims, causes of action, costs and judgments, that now or hereafter may have or claim to have against any of the parties so released, for death, personal injury, property damage or damage of any other kind, caused by, related to, or arising out of the child’s participation in group practice provided by those released. I authorize the use and publication of my child’s photograph for program materials and publicity. I further authorize Trice Crump and 5 Star Football to provide emergency care for my child if needed.

Agree

Disagree

Parent/Guardian Signature

Date: _____

Participant’s Signature

Date: _____