

# EMPIRE ATHLETICS WAIVER / RELEASE FORM

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged,

I, \_\_\_\_\_, as a parent or legal guardian of

\_\_\_\_\_, minor (hereinafter "Minor") hereby grant the permission necessary to allow Minor to participate in class conducted by Empire Athletics LLC. I acknowledge and agree, on my own behalf and on behalf of the Minor, acknowledge that the Minor is assuming the risk of such illness or injury by participating in the classes. In the event of such illness or injury, I authorize Empire Athletics LLC. To obtain necessary medical treatment for the Minor. I further acknowledge and understand that I will be responsible for any and all medical and related costs that may be incurred on behalf of the Minor for illness or injury that the Minor may sustain during the classes and while traveling to and from class site.

I, in my own behalf and on behalf of the Minor, further agree to release and hold Empire Athletics LLC, its members, employees, staff, and coaches, and each of them, harmless for any and all liability for negligence or any other claim, judgement, loss, liability, cost and expenses (including, without limitations, attorney's fees and cost) arising out of or connected with the classes offered and/or conducted by Empire Athletics LLC, including traveling to and from such classes. I further expressly agree to indemnify and hold Empire Athletics LLC, its members, employees, staff, and coaches, and each of them, harmless against loss from any further claims, demands or actions that may subsequently be brought by and / or for Minor and / or by any other person or persons on account of damages of any character resulting to the Minor in any way from the foregoing activities. I further agree to reimburse and make good to Empire Athletics LLC, its members, employees, staff, and coaches, may have to pay as result of any such action, claim or demand.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during the Minor's participation in the facilities activities, that the Parent holds full responsibility for the Minor's actions.

I, in my own behalf and on behalf of the Minor, hereby warrant that I have read the Waiver/Release Form in its entirety and fully understand its contents. I, on my own behalf and on the behalf on the Minor, am aware that this Waiver/Release Form releases Empire Athletics LLC, its members, employees, staff, and coaches, and each of them, from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and behalf of the Minor have signed the document voluntarily and of my own free will.

I grant Empire Athletics LLC, its subsidiaries, affiliates, licensees, successors, management and employees the right to use my child's name, voice, musical renditions, and my likeness, image and picture of my child for any lawful purpose whatsoever, regardless of whether or not I am ever employed by or remain employed by Empire Athletics LLC. I waive my right to inspect and / or approve the finished product or the advertising copy. I also release, discharge, and agree to save and hold Empire Athletics LLC, and it subsidiaries, affiliates, licensees, successors, assignees, and management and employees harmless from any liability by reason of blurring, distortions, alterations, optical illusions or us in composite form whether intentional or otherwise, that may occur or be produced in the taking of the pictures or recordings or in the processing or completion of the finished product. All work performed or products produced by me or my child are the property of Empire Athletics LLC, and it affiliates.

Athlete Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M / F

Parent/Guardian Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Parent Email (Required): \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Above Signed: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

Additional Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_