



CAMP and CLINIC LIABILITY/WAIVER FORM
Team Liability/Waiver Form May be Used as an Alternative

Date: _____

Athlete's Name: _____

Birth Date: _____ Age: _____

Father's Name: _____ Mother's Name: _____

Home Address: _____ City: _____

State: _____ Zip: _____ E-Mail: _____

Home Phone: _____ Work Phone: _____ Cell: _____

I fully understand the staff of Allstar Athletics are not physicians or medical practitioners of any kind. With that in mind, I hereby release Allstar Athletics Inc. to render first aid to my child in the event of any injury or illness, and if deemed necessary to call an ambulance which I agree to pay for. As a parent or legal guardian, I agree to provide health insurance for the minor child or guarantee payment of any medical expenses incurred from training, competition, or participation in activities with Allstar Athletics.

In an emergency the person other than the parent to be notified is:

Name/Relationship _____ Emergency Phone: _____

Special Medical Conditions:

INSURANCE INFORMATION – (Insurer: BCBS, Aetna, other)/ Group Name: _____

POLICY NUMBER: _____ Policy Holder: _____

LIABILITY RELEASE INFORMATION, ASSUMPTION OF RISK, COMMITMENT, AND MEDIA RELEASE

I, the undersigned parent or guardian, do hereby grant permission for my athlete, whose name is listed on this registration, and hereinafter shall be referred to as "participant", to participate in camps or clinics and any and all other activities offered by Allstar Athletics. In order that participant may receive the necessary medical treatment in the event of an injury or illness, I hereby authorize Allstar Athletics staff to obtain medical treatment for the participant for such injury or illness, and I hereby hold Stan Stec, Patrice Stec, Allstar Athletics, any agent, employee, or any representative of Allstar Athletics harmless in the exercise of this authority. I further acknowledge, understand and agree that in participating in these camps, clinics and any and all other activities offered by Allstar Athletics there is possibility of physical injury (minimal, serious or catastrophic) or illness, and that participant is assuming the risk of such injury or illness by participating. I further acknowledge and understand that my participant is assuming the risk of such physical injury or illness. Therefore in consideration of participating in camps, clinics and any and all other activities offered at Allstar Athletics, I, my heirs and assigns, spouse, athlete, next of kin, and all others acting on my behalf, agree to indemnify and hold harmless Stan Stec, Patrice Stec, Allstar Athletics, any agent, employee, or any representative of Allstar Athletics, from any and all liability, loss, damage, or claims arising from injury or illness incurred by participant during the course of participating in camps, clinics and any and all other activities offered by Allstar Athletics. Including reasonable attorney's fees resulting from claims, cause of action, demands and costs of judgment.

I also give permission to Allstar Athletics and its designees to photograph, videotape and/or audio tape the participant during any Allstar Athletics activity. I further give permission for such photographs, videotapes and/or audiotapes to be used in print or broadcast media as deemed appropriate for the promotion of any Allstar Athletics activities.

Parent/Guardian Signature

Date