



DREAMZ ELITE ALLSTARS
LIABILITY RELEASE & WAIVER FORM

Participant's Last Name: _____ First Name: _____

Parent/Legal Guardian Last Name: _____ Last Name: _____

Home Phone #: _____ Cell Phone #: _____ Fax: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Male _____ Female _____ Date of Birth ____/____/____

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I _____, as a parent or legal guardian of _____ A minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in the above team to be conducted by Dreamz Elite Allstars, Inc. I, in my own behalf and on the behalf of the Minor, further agree to release and hold harmless Dreamz Elite Allstars, Inc., the hosting site, on whose premises the practice will occur, the affiliates of Dreamz Elite Allstars, Inc. and the location and respective directors, officers, representatives, members, agents and employees of Dreamz Elite Allstars, Inc. from any and all liability for negligence or any other claim judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the practice/competition, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that the Minor may incur or sustain during the clinic/practice/competition, all activities associated with Dreamz Elite Allstars, Inc. while traveling to and from the site for clinic/practice/competition. I further expressly agree to indemnify and hold harmless Releases and Releasees' heir, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other persons on the account of damages of any character resulting to Minor in any way from the foregoing activities. I further agree to reimburse and make good to Releasees any loss, or costs Releasees may have to pay as a result of any such action, claim, or demand.

I, in my own behalf and on behalf of the Minor, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of the Minor, am aware that this Liability Release releases Dreamz Elite Allstars, Inc. from liability and contains an acknowledgement of my voluntary and knowing assumption of the risks of injury or illness. I, in my own behalf and on behalf of the minor, further acknowledge that nothing in this Liability Release constitutes a guarantee that the clinic/practice/competition will occur. I, in my own behalf and on behalf of the Minor, have signed this document voluntarily and of my own free will.

Name of Participant: _____

Printed Name of Parent or Legal Guardian: _____

Signature of Parent or Legal Guardian: _____

Date: _____



DREAMZ ELITE ALLSTARS
MEDICAL RELEASE

Medical Release: I, in my own behalf and on behalf of the minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, in 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 clinic/practice/competition. In the event of such illness or injury, I authorize Dreamz Elite Allstars, Inc., to obtain necessary medical treatment of the minor and hereby, in my own behalf and on behalf of the Minor, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of the Minor for any illness or injury that the Minor may sustain during the clinic/practice/competition and while traveling to and from the site for the clinic/practice/competition whether or not the event actually occurs.

Insurance Information: The following information is **REQUIRED** for participation.

Athlete's Name: _____ Parent's Name: _____
Parent's Social Security Number (not required by helpful for quick verification of insurance policy) _____/_____/_____
Insurance Company: _____ Insurance Company Phone # _____
Insurance Company Address: _____
Medical Insurance Policy/Group Number – REQUIRED: _____

Emergency Information:

Name to Contact: _____
Address: _____ City, State, Zip: _____
Cell Phone #: _____ Home Phone #: _____ Work Phone #: _____

I represent that any medication to which Minor is allergic or medications that Minor is currently taking are listed below. I agree that Minor shall bring medications which Minor is currently taking with him/her to clinic/practice/competition and that he/she shall consume the prescribed dosage for such medications.

Medications (if any): _____

Allergic to (if any): _____

I acknowledge that the Minor suffers from the following conditions: _____

Family Doctor: _____ Phone #: _____

I, in my own behalf and on behalf of the Minor, hereby warrant that I have read the Participant Release and Waiver form in its entirety and fully understand its contents. I, in my own behalf and on behalf of the Minor, am aware that this Participant Release and Waiver Form releases Dreamz Elite Allstars, Inc. from liability and contains an acknowledgment of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of the Minor, further acknowledge that nothing in this Participant Release and Waiver Form constitutes a guarantee that the clinic/practice/ competition will occur. I, in my own behalf and on behalf of the Minor, have signed this document voluntarily and on my own free will.

Signature of Parent or Legal Guardian: _____ Date: _____

Relationship to Minor: _____

Minor SS#: _____/_____/_____ Minor Date of Birth: _____