



PARTICIPANT INFORMATION

Athlete Name: _____ Date of Birth: _____ Age: _____

School: _____ Grade: _____ Sports: _____

PARENT / GUARDIAN INFORMATION

Parent Name: _____ Phone #: _____

Home Address: _____ Email: _____

LIABILITY WAIVER & PROMOTIONAL/EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I, the parent/legal guardian of "ATHLETE", hereby acknowledge the value and benefit to ATHLETE from participating in rigorous fitness and strenuous physical activity during the sports performance training ("the Training") relating to his/her fitness sports performance, and therefore authorize ATHLETE to participate in the Fitness and Sports Performance Training sponsored by Patton Sports Performance LLC. We also acknowledge that there are risks of injury (including death) from such participation and hereby assume all such risks. In exchange for ATHLETE being allowed to participate in the Training, on behalf of myself and ATHLETE, we hereby and knowingly and voluntarily completely release Patton Sports Performance, Kenneth Patton, the training facility owners, the State of Hawaii, and any of said partys' employees, agents or volunteers from any and all claims or lawsuits of any type whatsoever, for personal injuries, death, and/or property damage to ATHLETE, myself or anyone else. This is a complete waiver of any and all claims of any type whatsoever that could arise during the Training or that could arise as a result of the Training, other than claims involving gross negligence or willful conduct. We also agree to defend and indemnify the said released parties from all claims or lawsuits that we bring or that is brought on our behalf by anyone relating to the Training.

I also hereby authorize Patton Sports Performance LLC to take my son's/daughter's photograph or video recording free of charge for marketing, advertising, and instructional purposes without compensation to me or ATHLETE.

In case of medical emergency, I grant permission for "Athlete" to receive emergency medical treatment and understand that I am responsible for expenses associated with such treatment.

I have read this release in its entirety and understand its contents. I have signed it voluntarily.

Parent/ Guardian(Print): _____

Parent/Guardian Signature: _____ Date: _____