



9358 Virginia
Lake In The Hills, IL 60156
847-854-4848
www.gametime.com

Last Name: _____ First Name: _____ Age: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Athletes email: _____
School: _____ Year: _____
Legal Guardian/Emergency Contact: _____ Relationship: _____
Cell Phone: _____ Home Phone: _____ Work Phone: _____
Guardians Email: _____ How did you hear of us? _____

ATHLETIC INFORMATION

What sport(s) are you training for? _____
What position(s) do you play? _____
What goals would you like to accomplish through this program? _____

Is there any significant health history? _____
Any other significant information we should know? _____
Participant has 3 business days to cancel commitment for a refund. After this time no refunds will be given.

Participant/Guardian Authorization _____ Date _____

Total due: _____ Amount paid: _____ Authorized by: _____



PARTICIPANT: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
HOME PHONE: _____
CELL PHONE: _____
EMAIL: _____

**PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT
READ BEFORE SIGNING**

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from activities involved in this program is significant, including the potential for permanent paralysis and death.
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for any participation.
3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless GAMETIME, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (releases), from any and all claims, demands, losses, and liability arising out of or related to any injury, disability or death I may suffer, or loss or damage to person or property, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law.

I HAVE READ THE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____
PARTICIPANT'S SIGNATURE **AGE** **DATE**

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibilities for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____
PARENT/GUARDIAN SIGNATURE **DATE** **EMERGENCY PHONE #**