

# FLEX PREMIER ELITE

## PARTICIPANT WAIVER & LIABILITY RELEASE

Tryouts | Travel Teams | Practices & Games | Training Classes

### 1 ATHLETE & PARENT INFORMATION

Athlete Full Name: \_\_\_\_\_

Date of Birth / Age: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Emergency Contact / Phone: \_\_\_\_\_

### 2 ASSUMPTION OF RISK & LIABILITY RELEASE

I understand that participation in Flex Premier Elite tryouts, training, practices, games, tournaments, and travel team activities involves risks of injury, including falls, collisions, and other athletic injuries. I voluntarily permit my child to participate and accept these inherent risks.

To the fullest extent permitted by California law, I release Flex Premier Elite and its coaches, staff, volunteers, and representatives from claims arising from ordinary negligence related to participation. This release does not cover gross negligence, reckless misconduct, intentional wrongdoing, or liability that cannot legally be waived.

### 3 MEDICAL AUTHORIZATION

If I cannot be reached promptly, I authorize staff to contact emergency services and seek necessary emergency medical care for my child. I am responsible for medical costs not covered by insurance. I will disclose any relevant medical restrictions.

Medical conditions, allergies, or restrictions:

\_\_\_\_\_  
\_\_\_\_\_

### 4 PHOTO & VIDEO PERMISSION

☐ YES, I permit promotional use of my child's photos/videos.

☐ NO, I do not permit promotional use.

### 5 PARENT / GUARDIAN AGREEMENT

My child will follow program rules and coach safety instructions. This waiver covers the season/year written below, including tryouts, training classes, practices, games, and tournaments. Transportation and overnight trips may require separate permission.

I confirm that I am the parent/legal guardian, have read and understand this form, and consent to my child's participation.

Season / Year: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Athlete Name: \_\_\_\_\_