

WAIVER/RELEASE FORM FOR Alliance Sports Training, LLC (AST)

I. PARENTAL CONSENT

I, The parent or legal guardian of _____, a participant in the Alliance Sports Training, LLC training program, does hereby grant permission for his/her participation in any and all training activities and free injury screens and baseline concussion tests provided by ATI physical Therapy ensuring the highest level of safety for all participants.

*** Initials:** _____

II. RELEASE FROM LIABILITY

I agree to assume all risks and hazards incidental to participation in the training sessions. I do Hereby waive, release, absolve, indemnify, and agree to hold harmless, Alliance Sports Training, LLC, ATI Physical Therapy, the officers, directors, coaches, sponsors, volunteers, individual chapters, participants, and persons transporting my child to and from any team activities, for any claim arising out of an injury to my child, whether the result of negligence or any other cause.

*** Initials:** _____

III. MEDICAL RELEASE

Because your child is involved in active training sessions, there may be an occasion when an injury occurs that requires medical treatment and we are unable to contact you. This situation may occur before, during or after our training sessions while at our site. Additionally, ATI Physical Therapy will be offering free injury screening and baseline concussion tests to all participants that would like to receive them.

Participant: _____

Date of Birth: _____

Parent or Guardian Name: _____

Home Telephone#: _____

Business Telephone#: _____

Cell Phone#: _____

Medical Insurance Carrier: _____

If parent or legal guardian cannot be reached, call:

Name: _____

Telephone#: _____

Relationship: _____

Please list any allergies and medical conditions that should be brought to our attention.
Include any medication(s) that your child uses regularly:

***Initials:** _____

I hereby grant permission to Alliance Sports Training, LLC to administer first aid, secure proper treatment, and/or hospitalize my (son, daughter, ward) in case of emergency, provided they are unable to communicate with me, and according to their best judgment.

SIGNATURE of Parent or Legal Guardian: _____

I HEREBY ACKNOWLEDGE BY MY SIGNATURE THAT I HAVE READ, UNDERSTOOD, ACCEPTED, AND AGREED TO THIS DOCUMENT. I ALSO ACKNOWLEDGE WITH MY SIGNATURE THAT I HAVE RECEIVED A COPY OF THIS AGREEMENT.

*PRINT Parent of Legal Guardian Name

*SIGNATURE Parent or Legal Guardian

*Date



Signature of Brandon Kinnie Official