

**USA Elite Training, LLC./ USA Elite Training FL LLC  
WAIVER OF LIABILITY AND HOLD HARMLESS STATEMENT**

In consideration of being allowed to participate in this clinic/lesson, related event and activities, I hereby RELEASE, WAIVE, DISCHARGE, and CONVENANT NOT TO USA Elite Training LLC and USA Elite Training FL LLC and it's current staff and/or clinic staff (hereinafter referred to as RELEASEE) from any and all liability, claims, demands, or course of action whatsoever arising out of or related to any loss, damage, or injury, including death that may be sustained by me/my child, or to any property belonging to me/my child WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE, or otherwise, while participating in this camp while in, on or upon the premises where the clinic/lesson is being conducted.

To the best of my knowledge, I/my child am/is in good physical condition and I am not aware of any physical infirmity which would place me/my child at risk to participate in any way with the clinic/ lesson activities. I am fully aware of risks and hazards connected with the clinic/lesson. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF LOSS, sustained by me/my child, or any loss or damage to property owned by me/my child, as a result of being engaged in the lesson/clinic's activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEE, or otherwise. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEE from any loss, liability, damage or cost, including court costs and attorney's fees, that may accrue related to me/my child's participation in this camp, WHETHER CAUSE BY NEGLIGENCE OF RELEASEE or otherwise.

During the period of the clinic/camp, I hereby give permission for the staff at USA Elite Training, Fl LLC and USA Elite Training LLC to administer appropriate medical attention to me/my child in the event of an accident, illness, or injury. I will be responsible for any and all costs of medical coverage and treatment provided not covered by insurance. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I an deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND CONVENANT NOT TO SUE the above named RELEASE. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the law of the State of Connecticut. In signing this release, I acknowledge and represent that I have read and understand it and sign it voluntarily; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

I HAVE READ AND UNDERSTAND THIS WAIVER OF LIAVILITY AND FULLY UNDERSTAND IT'S TERMS, UNDERSTAND THAT I HAVE FIVEN UP SUBSTANTIAL RIGHT BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT AND INDUCEMENT.

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*Participant's Name* *Participant's Date of Birth* *E-Mail Address*

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*Parent's Printed Name* *Parent's Signature* *Date*

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*Address* *City* *State* *Zip*

**INSURANCE INFORMATION**

Please indicate the insurance company and policy number under which your child is insured.

Person Carrying Insurance: \_\_\_\_\_

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**PLEASE NOTE ANY MEDICAL CONDITION WE SHOULD BE AWARE OF:** \_\_\_\_\_

Current Medications: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
*Name* *Relationship* *Phone*

Emergency Contact: \_\_\_\_\_  
*Name* *Relationship* *Phone*