

# SI SPIRIT INC.

## EMERGENCY MEDICAL RELEASE & LIABILITY WAIVER

No child will be permitted to participate in ANY activity in this facility if this form is not completed and on file in our office.  
If there are any changes to the information on this form, please inform our office.

ATHLETE NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

TEAM \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

ATHLETE CELL PHONE (\_\_\_\_\_) \_\_\_\_\_ ATHLETE EMAIL \_\_\_\_\_

ALLERGIES \_\_\_\_\_ OTHER MEDICAL CONDITIONS \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ POLICY HOLDER NAME \_\_\_\_\_ POLICY # \_\_\_\_\_

### PARENT/ GUARDIAN CONTACT INFORMATION

MOTHER'S NAME \_\_\_\_\_ HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_\_) \_\_\_\_\_

MOTHER'S EMAIL ADDRESS \_\_\_\_\_ @ \_\_\_\_\_ .COM

FATHER'S NAME \_\_\_\_\_ HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_\_) \_\_\_\_\_

FATHER'S EMAIL ADDRESS \_\_\_\_\_ @ \_\_\_\_\_ .COM

### IN AN EMERGENCY WHEN A PARENT/GUARDIAN CANNOT BE REACHED PLEASE CONTACT THE FOLLOWING:

NAME \_\_\_\_\_ HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_\_) \_\_\_\_\_

NAME \_\_\_\_\_ HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_\_) \_\_\_\_\_

## MEDICAL TREATMENT AUTHORIZATION AND LIABILITY RELEASE

Because of my/our interest to have my/our child participate at SI Spirit Inc., I/we hereby agree, absolve, indemnify and hold harmless SI Spirit Inc. and all directors, coaches, supervisors, organizers, or sponsors from any and all liability for my/our child involved in activities, demonstrations, exhibitions, classes or transportation of my/our child to and from activities name here above.

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged. I \_\_\_\_\_, as parent/legal guardian of \_\_\_\_\_, a minor (hereinafter "minor") hereby grant the permission necessary to allow minor to participate in activities to be conducted by/at SI Spirit Inc. I acknowledge and agree, in my own behalf and on behalf of the minor, that such participation subjects minor to the possibilities of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, in my own behalf and on behalf of the minor, acknowledge that the minor is assuming that risk or such illness or injury by participating in these activities. In the event of such illness and/or injury, I authorize SI Spirit Inc. to obtain the necessary treatment for the minor and hereby, in my own behalf and behalf of the minor, release and hold harmless SI Spirit Inc., the hosting site on whose premises the activity will occur, the affiliates of SI Spirit Inc., the hosting site and their respective directors, officers, representatives, members, agents, and employees of SI Spirit Inc., the hosting site and their respective affiliates (hereinafter "releasees") in the exercise of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of the minor for any illness or injury that the minor my sustain during the activities and while traveling to and from the site for the activity whether or not the activity occurs.

I, in my own behalf and on behalf of the minor, further agree to release and to hold harmless releasees from any and all liability for negligence or any other claim, judgment, loss, liability cost and expenses (including, without limitation, attorney fees and costs) arising out of or connected with the activities, including any claim, arising out of or connected with any illness or injury that the minor may incur or sustain during the activities, anything associated with the activity and while traveling to and from the site for the activity whether or not the activity actually occurs. I further expressly agree to indemnify and hold harmless releasees and releasee's heirs, successors, assigns, executors, and administrations against loss from or any further claims, demands or actions that may subsequently be brought by minor or by any other person on account of damages of any character resulting to minor in any way from the foregoing activities. I further agree to reimburse and to make good to releasees any loss; damages or cost releasees may have to pay as a result of such action, claim or demand.

I represent that any medication to which the minor is allergic or is currently taking are listed below. I agree that minor shall bring medication which minor is currently taking with him/her to the activity and that he/she shall consume the prescribed dosages.

Medications (if any): \_\_\_\_\_ Allergies (if any): \_\_\_\_\_

I, in my own behalf and on behalf of the minor, hereby warrant that I have read this release waiver in its entirety and fully understand its contents. I in my own behalf and on behalf of the minor am aware that this release and waiver releases releasees from liability and contains an acknowledgment of my voluntary and knowing assumption of the risk of injury and/or illness. I, in my own behalf of the minor, further acknowledge that nothing in this release and waiver constitutes a guarantee that the activity will occur. I, in my own behalf and on the behalf of the minor, have signed this document voluntarily and on my own free will.

I further grant permission to SI Spirit Inc., to photograph or videotape my daughter/son during all aforementioned activities for use in publications and advertisements to promote SI Spirit Inc., and affiliated companies.

 PARENT/ GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS  
READ BEFORE SIGNING

IN CONSIDERATION OF my child \_\_\_\_\_ being allowed to participate in any way in the SI SPIRIT INC. related events and activities, the undersigned acknowledges, appreciates, and agrees that:

The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) to my child from the activities involved in these programs are significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,

1. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
2. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
3. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS SI SPIRIT INC.; its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
4. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
5. I, the parent/guardian, assert that I have explained to my child/ward: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my child/ward understands this agreement.

**I, FOR MYSELF, MY SPOUSE, AND CHILD/WARD, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Name of Child/Ward: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

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

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

**UNDERSTANDING OR RISK**

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

Name of Child/Ward: \_\_\_\_\_

Signature of Child/Ward: \_\_\_\_\_

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

SI SPIRIT INC | 64B MARJORIE STREET, SI NY 10309 | (718) 966.4588 | SISPIRIT@AOL.COM

OFFICE USE ONLY : REGISTER DATE \_\_\_\_\_ PAYMENT CASH CREDIT CHECK \_\_\_\_\_ INITIALS \_\_\_\_\_