



# Lamborghini Gold Coast—Athletic Centre

49 Lawrence Street | Saint Charles, Missouri 63301

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# WAIVER & RELEASE AGREEMENT

TEAM NAME:		TEAM AGE: U—	TEAM GENDER: MALE / FEMALE
HEAD COACH:	PHONE NUMBER:	E-MAIL ADDRESS:	
TEAM CONTACT:	PHONE NUMBER:	E-MAIL ADDRESS:	

## FACILITY WAIVER & RELEASE AGREEMENT

*By signing below, I agree to the medical and waiver release agreement. I the undersigned (if applicant/participant is 18 years of age or older) or parent/guardian of the above listed minor applicant/participant acknowledge that I have been advised of the risks involved in my son's/daughter's participation at the Lamborghini Athletic Centre and have been made aware that his/her participation may result in injury or harm to my son/daughter and I assume responsibility for any and all such risk to my son/daughter. In the event that my son/daughter may sustain an injury as a result of their participation, I hereby agree to hold harmless Lamborghini Athletic Centre, it's directors, officers, coaches, athletic trainers, supervisors, and any other employees or agents there of including those who transport them to/from tryouts, practices, and games, for any and all such injuries. I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I hereby authorize emergency transportation of my son/daughter to a medical treatment facility should an individual listed previously deem warranted. I affirmatively certify that to the best of my knowledge, my son/daughter is in good mental and physical health and capable of participating in this activity. I have read and fully understand the contents of this "hold harmless" agreement and execute same voluntary. If requested by Lamborghini Athletic Centre staff, I agree to modify his/her activities as directed. I further give my permission for the free use of the participants name and image in broadcast, telecast, or any other media account of any and all event/activities and for the promotional purposes of the Lamborghini Athletic Centre.*

### **By signing this below, you agree to the above LAC Facility Waiver & Release Agreement**

Player Name	Birthdate	Player Address (Street, City, Zip)	Phone Number	Parent/Legal Guardian Name	Parent/Legal Guardian Signature
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2)					
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