

# ERIE PREMIER SPORTS

## Consent, Waiver, and Release

2017 CAMP SEASON



PLEASE PRINT CLEARLY

### PLAYER INFORMATION

First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last Name \_\_\_\_\_ Gender \_\_\_\_\_

### ATHLETE CODE OF CONDUCT

I hereby agree to abide by the rules of conduct as set forth by the Erie Premier Sports, LLC camp and its staff. I agree to abstain from the use of alcoholic beverages, use of drugs, and smoking of any kind. I further agree to abide by curfew regulations as established by the staff and not to absent myself from my group at any time. I fully understand my failure to abide by these and other regulations could result in my being expelled from the camp and sent home. I agree I will not be entitled to any monetary refund for those days following my expulsion.

Player Signature \_\_\_\_\_ Date \_\_\_\_\_

### WAIVER OF LIABILITY, INDEMNITY AGREEMENT, AND ASSUMPTION OF RISK

**Waiver:** In consideration of permission to use, today and on all future dates, the property, facilities, and services of Erie Premier Sports I, on behalf of myself, my heirs, personal relatives, or assigns, do hereby release, waive, discharge and covenant not to sue Erie Premier Sports, its directors, officers, employees, volunteers, independent contractors, and agents from liability from any and all claims arising from both ordinary and gross negligence of Erie Premier Sports or any of the forementioned parties. This agreement applies to 1) personal injury, including death, from accidents or illnesses arising from participation in Erie Premier Sports activities including, but not limited to, organized activities, classes, observation, and individual use of the facilities, premises, or equipment; and to 2) any and all claims resulting from the damage to, loss of, or theft of property.

**Indemnification and Hold Harmless:** I also agree to hold harmless and indemnify Erie Premier Sports from all claims resulting from negligence and to reimburse them from any expenses incurred as a result of my involvement at Erie Premier Sports. I further agree to pay all costs and attorney's fees incurred by Erie Premier Sports in investigating and defending a claim or suit if my claim is withdrawn, or to the extent a court or arbitration determines that Erie Premier Sports is not responsible for injury or loss.

**Severability and Venue:** The undersigned further expressly agrees that the foregoing waiver and assumption of risk agreement is intended to be as broad and inclusive as is permitted, by the law of the State of Pennsylvania and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Likewise, I agree that if legal action is brought, it must be brought in Erie County, Pennsylvania.

**Assumption of Risk:** Physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Erie Premier Sports has facilities for and provides activities such as weight lifting, walking, jogging, running, aerobic activities, racquetball, basketball, and soccer. Some of these involve sustained physical activity, which places stress on the cardiovascular system. The specific risks vary from one activity to another, but in each activity the risks range from 1) minor injuries such as scratches, bruises or sprains to 2) major injuries such as loss of sight, joint or back injuries, concussions, and heart attacks 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know the nature of the activities at Erie Premier Sports. I understand the demands of those activities relative to my physical condition and skill level, and I appreciate the types of injuries, which may occur as a result of activities made possible by Erie Premier Sports. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

**Acknowledgement of Understanding:** I have read this Waiver of Liability, Indemnification Agreement, and Assumption of Risk, and fully understand its terms. I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law in the State of Pennsylvania.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# ERIE PREMIER SPORTS



## Insurance Information and Medical Release

2017 CAMP SEASON

PLEASE PRINT CLEARLY

### PLAYER INFORMATION

First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last Name \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### PARENT / GUARDIAN INFORMATION

First Name \_\_\_\_\_ Primary Phone \_\_\_\_\_  
Last Name \_\_\_\_\_ Secondary Phone \_\_\_\_\_

### EMERGENCY CONTACTS (if parent/guardian cannot be reached)

First Name \_\_\_\_\_ Relationship to Player \_\_\_\_\_  
Last Name \_\_\_\_\_ Primary Phone \_\_\_\_\_  
  
First Name \_\_\_\_\_ Relationship to Player \_\_\_\_\_  
Last Name \_\_\_\_\_ Primary Phone \_\_\_\_\_

### INSURANCE INFORMATION

Company Name \_\_\_\_\_ Co. Phone Number \_\_\_\_\_  
Group # \_\_\_\_\_ ID # \_\_\_\_\_  
Policy Holder Name \_\_\_\_\_

### PLAYER MEDICAL HISTORY (please write "None" if not applicable)

Current medical conditions. \_\_\_\_\_  
Any recent injury requiring medical attention. \_\_\_\_\_  
Currently (or recently) taking any medication. \_\_\_\_\_  
Any severe head or neck injuries. \_\_\_\_\_  
Any chronic illnesses (epilepsy, diabetes, etc). \_\_\_\_\_  
Any allergies or adverse drug reactions. \_\_\_\_\_  
Any major surgical operations. \_\_\_\_\_  
Any restrictions on activities. \_\_\_\_\_  
Date of last Tetanus booster. \_\_\_\_\_

### ACKNOWLEDGEMENT TO PARTICIPATE, AND RELEASE OF TREATMENT

I acknowledge that this player is in good health and can participate in all activities without restriction, unless indicated above.  
Release of Treatment: In the event of any illness or injury to my child, I give the attending medical staff permission to administer treatment while continuing to contact the parent, guardian, or designated contact.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_