



Athlete Information Form

Athlete First Name: _____ Athlete Last Name: _____

Gender: **M** or **F** Grade: _____ Age: _____ Date of Birth: _____

Home Address: _____

City: _____ Zip Code: _____

Athletes Current School: _____

Parent(s)/Guardian(s) E-Mail: _____

Parent(s)/Guardian(s) Name: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Previous Track & Field Years Experience: _____

Previous Track & Field Events: _____

Other Sports Participated In: _____

Any Medical History/ Special Circumstances (ie: Asthma, Dizzy Spells, Heat Exhaustion, Etc):

Athletes Favorite Leisure Time Activity: _____



Liability/Waiver Form

Sacramento Speed Factory Track and Field Team

Assumption of Risk, Waiver, and Release from Liability

(TO BE COMPLETED BY PARENT OR GURDIAN IF ATHLETE IS UNDER 18 YEARS OF AGE)

I, _____, desire to participate and/or for my child to participate in the Sacramento Speed Factory Track and Field Program (hereinafter "the SSF Program"). This Assumption of Risk, Waiver, and Release from Liability covers the entirety of my and/or my child's participation in the SSF Program, including travel to any locations away from the regular practice areas/facilities in order to participate in activities associated with the SSF Program.

- Risk Factors-** I and/or my child understand and acknowledge that the use of equipment and facilities provided by the SSF and participation in the SSF Program involves risks including, but not limited to the following: risk of property damage, bodily injury, including, but not limited to permanent disability, paralysis, and possibly death. These risks may result from a variety of circumstances including, but not limited to, the use or misuse of the equipment or facilities, from the activity itself, from the acts of myself or others, including the SSF and its agents or from the unavailability of emergency medical care.
- Assumption of Risk-** I and/or my child is participating in the SSF Program at my/their own free will. I understand this decision to participate in the SSF Program is entirely voluntary. I assume full responsibility for all risks that may arise out of or result from my participation in the SSF Program, including but not limited to those risks described in Section 1, above. **Excepted from this section are any injuries caused by the gross negligence or willful or wanton misconduct of any officials, officers, employees, agents, or volunteers of the Sacramento Speed Factory.**
- Acknowledgement of Policies and Procedures-** I acknowledge that I have read, know, and agree to all of the policies and procedures relating to participation in the SSF Program. I understand the safe and proper use of all facilities, equipment or participation in the activity is dependent upon carefully following these policies and procedures. I agree to comply with and abide by all rules, regulations and policies of the Sacramento Speed Factory and of various practice facilities. I understand that the Sacramento Speed Factory reserves the right to revoke or terminate my participation in the SSF Program for any violation(s) of these rules, regulations, or policies.
- Release, Indemnify, and Defend.** I hereby release, waive, discharge, and hold harmless the Sacramento Speed Factory, and all of their affiliates, predecessors, successors, trustees, officers, directors, faculty, employees, agents and representatives, past or present (hereinafter jointly referred to as "the Released Parties") from any and all claims, suits, liabilities, judgments, costs and expenses ("Claims") for any property damage, property loss or theft, personal injury or illness, death or other loss arising from or relating to my participation in the SSF Program. I also agree to defend, indemnify and hold harmless the Released Parties from and against any Claims arising from or related to my own acts or omissions in connection with participation in the SSF Program.
- Prerequisite Skills.** I acknowledge that I and/or my child have the requisite skills, qualifications, and physical ability necessary to properly and safely participate in the SSF Program. I agree that if I have any questions as to what skills, qualifications, physical ability, or training is necessary to properly participate in the SSF Program, then I shall direct such questions to the appropriate individuals.
- Waiver-** I hereby waive any protections afforded by any statute or law in any jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise which the person giving the release does not know or suspect to exist at the time of executing the release. This means, in part, that I am releasing unknown future claims.
- Payment for Damages.** I agree to pay for any and all damages to any property or Release Party caused by me negligently, willfully or otherwise.
- Representatives.** I enter into this agreement for myself and/or my child, as well as for my heirs, assigns and legal representatives.
- Consent for Emergency Treatment-** I consent to medical treatment for emergencies that occur during or are related to my participation in the SSF Program where I am unable to consent to such treatment. I understand the provisions of this Assumption of Risk, Waiver, and Release from Liability apply to any treatment that might be provided to me under this Section, including but not limited to Section 1, Section 2, and Section 4.
- Insurance-** I understand that I am solely responsible for any medical, health or personal injury costs relating to my participation in the SSF Program. I understand that I am strongly encouraged to have a medical physical examination and purchase health insurance prior to any and all participation in the SSF Program.
- Jurisdiction.** This Assumption of Risk, Waiver, and Release from Liability shall be governed in all respects by the laws of the State of California. The parties agree to use the State of California for Jurisdiction and the County of Sacramento as Venue for any disputes between the parties related to this Assumption of Risk, Waiver, and Release from Liability.
- Severability.** If any term or provision of this Assumption of Risk, Waiver, and Release from Liability is held to be illegal, invalid or unenforceable, or the application thereof to any person or circumstance shall to any extent be illegal, invalid or unenforceable under present or future laws effective during the term hereof or of any provisions hereof which survive termination, then and in any such event, it is the express intention of the parties that the remainder of this Assumption of Risk, Waiver, and Release from Liability, or the application of such term, clause or provision other than to those as to which it is held illegal, invalid or unenforceable, shall not be affected thereby, and each term, clause or provision of this Assumption of Risk, Waiver, and Release from Liability and the application thereof shall be legal, valid and enforceable to the fullest extent permitted by law.

Consent and Release by Participant/Athlete if Over 18 Years of Age (or complete next signature block)

I have read and fully understand this Assumption of Risk, Waiver, and Release from Liability and understand that it relates to surrendering and releasing valuable legal rights. I do so freely and voluntarily.

PRINTED NAME: _____ SIGNATURE: _____ Date: _____

Consent and Release on Behalf of Minor by Parent/Legal Guardian

I am the parent or legal guardian of the above named minor. I have read and understand this Assumption of Risk, Waiver, and Release from Liability in its entirety and understand that it relates to surrendering valuable legal rights of the minor and myself. I agree to be bound by all the terms of the Assumption of Risk, Waiver, and Release from Liability. I also give my consent to the participation in the activity of the minor.

PRINTED NAME: _____ SIGNATURE: _____ Date: _____

"TO BE NUMBER ONE, YOU HAVE TO TRAIN LIKE YOU'RE NUMBER TWO..."

