



Sports Performance Training

RELEASE & WAIVER OF LIABILITY FOR PARTICIPATION

The undersigned as parent or legal guardian of a minor child, acknowledges that are agreeable to having their minor child participate in the following activity:

Sports Performance Training

In consideration of being permitted to participate in this activity, the undersigned do each agree that St. Elizabeth Healthcare, its owners, heirs, assigns, and agents, and any and all other persons or entities retained by St. Elizabeth Healthcare in connection with this activity, together with all subcontractors, employees or volunteers, SHALL NOT BE LIABLE for injury or death to the undersigned participant(s), their heirs, assigns and agents, or for any loss due to theft of/or damage to their property or for any other consequential incidental damages caused in any manner whatsoever where any such liability is attributable to the absence of ordinary or even slight care by St. Elizabeth Healthcare.

Furthermore, each of the undersigned DOES HEREBY WAIVE any and all claims or causes of action against St. Elizabeth Healthcare which he or she may have by reason thereof AND DOES HEREBY RELEASE AND HOLD HARMLESS St. Elizabeth Healthcare from any and all claims or causes of action that he or she may have from the beginning of time, now, and in the future. Each of the undersigned further agrees not to bring or cause to be brought any suit or any such claim or cause of action and acknowledges that the releases and waivers referred to herein shall apply regardless of whether liability is asserted on the basis of contract, strict liability, ordinary negligence or gross negligence.

It is understood and agreed by each of the undersigned that this waiver **releases all claims they or their children may have in the future** for any injuries or damages that may result from participation in this activity and that neither they nor their children may bring or assert any claims against St. Elizabeth Healthcare or any related agency for any injuries or damages that result from such participation.

DATE SIGNED: _____

Parent or Legal Guardian PRINTED NAME

Parent or Legal Guardian SIGNATURE