



SPECTRUM SPORTS ACADEMY
WAIVER & RELEASE



ATHLETE CONTACT INFORMATION

ATHLETE NAME: _____ SPORT(S): _____
GENDER: FEMALE MALE DATE OF BIRTH: _____ AGE: _____ SCHOOL: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PARENT CONTACT INFORMATION

NAME: _____ HOME PHONE: _____ CELL PHONE: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
(if different than above)
EMAIL ADDRESS: _____

AS CUSTODIAL PARENT OR COURT-APPOINTED GUARDIAN OF _____
("CHILD"), I DO FOR BOTH OF CHILD'S PARENTS, FOR CHILD, AND CHILD'S HEIRS AND SUCCESSORS, RELEASE SPECTRUM SPORTS ACADEMY LLC AND
ANY OF ITS AGENTS, EMPLOYEES OR REPRESENTATIVES (ALL OF THE FOREGOING COLLECTIVELY "SPECTRUM SPORTS ACADEMY LLC) FROM ALL
CLAIMS ARISING OUT OF OR CONNECTED WITH CHILD'S PARTICIPATION IN ANY SPECTRUM SPORTS ACADEMY LLC PROGRAM. I PROVIDE THIS
RELEASE BECAUSE I AM MINDFUL THAT ATHLETICS, PHYSICAL TRAINING AND COMPETITION CAN BE A DANGEROUS UNDERTAKING REGARDLESS OF
HOW CAREFUL OR PRUDENT ANY PERSON, FIRM, OR FACILITY MIGHT BE. Further, I give permission to Spectrum Sports Academy LLC to treat Child or
arrange for medical care or treatment for Child in any situation deemed reasonably necessary by Spectrum Sports Academy LLC. If circumstances
permit, Spectrum Sports Academy LLC shall attempt to communicate first via telephone with the following emergency contacts for child:

Primary Emergency Contact:

(Name and Relationship) (Telephone number)

Secondary Emergency Contact:

(Name and Relationship) (Telephone number)

In order to seek appropriate medical care of treatment of Child, please disclose the following:

Allergies: _____
(Please specify or enter "None")

Heart Disease or other: _____
(Please specify or enter "None")

Any other previous or current injuries, conditions, symptoms or disability, which would or might affect medical care or treatment or participation in
the Spectrum Sports Academy Program: _____
(Please specify or enter "None")

I give all rights to Spectrum Sports Academy to use my child's photographs, motion pictures, video and/or audio recordings taken anytime
at Spectrum Sports Academy. I give Spectrum Sports Academy permission for the production, reproduction, copying, exhibition,
publication and or distribution of any and all photographs, motion pictures, video and/or audio recordings in which my child my appear or
where their voice is heard.

(Parent/Guardian/Responsible Party signature)

(Date)