



Solar Elite Athletics-Participation Waiver/Release of Liability

Acknowledgement of Risk:

I understand that participation in Solar Elite Athletics includes the risk of bodily injury, including but not limited to, serious permanent injury and death. I further understand that such injuries may occur in the absence of negligence. To minimize the risk of bodily injury, I agree to obey all safety rules, to fully report any problems related to my physical condition to appropriate personnel including coaches and athletic training staff, and to follow all coaching instructions during the Tryouts/Practice/Competition/Coaching. My signature below indicates that I am aware of the risks of injury inherent in athletic participation and that such risks may include death or other serious permanent bodily injury. I acknowledge that I am participating (with Solar Elite Athletics) in these activities voluntarily. I understand my obligations as set forth in this document, and agree to meet these obligations as a condition of my participation in this Program.

Liability Waiver:

I verify that I (Self, My Child) are in good health and do not have a history of any injury or illness that could endanger my/their safety during my participation in athletic activities/events. I further understand the inherent risk involved in participation in athletic activity includes death, permanent paralysis, or permanent bodily injury. I have read the above statements and I am willing to voluntarily assume full responsibility for the risks while participating in Solar Elite Athletics, their activities, practices, coaching and any events associated with the organization. I hereby waive any and all liability, including negligence, medical claims, causes of action, and rights of entitlement, suits or damages against and release Solar Elite Athletics, the Athletics Department, or any of its Employees, Organization Affiliates, Contracted Agents or Representatives, as a result of or in conjunction with athletic participation in any of its Programs (Practices, Events, Coaching etc). I further understand and acknowledge that Solar Elite Athletics nor its Associated Member (as listed above) is under no obligation to provide financial support for any such injury and that any bills for medical services required as a result of my participation are the sole responsibility of my family and myself.

Personnel and Participants:

I also understand and acknowledge that if I/my child seems to display harmful behavior that may put the Mental, Physical, Emotional, or Social health of themselves, teammates, or organization at risk, Solar Elite Athletics has the right to dismiss me/my child from further participation. (Our Organization has a NO REFUND POLICY, As Noted on our Website: Solareliteathletics.com)

By signing below, I affirm that: -I am not currently under the care of a physician for an injury or illness that would prevent my safe participation in Solar Elite Athletics. -I am not currently being treated for or recovering from an orthopedic injury that would prevent my safe participation in collegiate athletics. -I have no history of syncope (fainting) or other medical problems related to participation in strenuous physical activity or exercise. -I have not been advised by a physician not to participate in physical activity, exercise or sports due to a medical condition or previous bodily injury.

Program Decisions and Changes:

Please note that any changes and decisions regarding the program are at the Director/Head Coach's (Coach Lewis-Ward) discretion. Changes can be made at any time as these changes are for the betterment of the program, its athletes collectively, and coaches.

Sport: _____ Date: _____

Participant Name: _____

Participant Signature: _____

(If Participant is under age 18):

Parent/Guardian Name _____

Parent/Guardian Signature _____