



(This is a legally binding document and by participating or viewing Upswing Clinics, you are assuming risk of injury.)

Participant's Name: _____ DOB: _____ Age: _____ Grade: _____

Address: _____
Street City State

Parent/Guardian's Name: _____

Home Phone: _____ Cell Phone: _____

I hereby state that coaches and staff within Upswing Clinics are not responsible for any pre-existing injury or reoccurrence or aggravation of any disclosed or undisclosed pre-existing injury or illness of the above participant.

MEDICAL STATEMENT: I hereby certify that I have had my child checked by her/his physician and she/he is able to participate in Upswing Clinics activities with no restrictions.

PARENTAL CONSENT: Before medical operations and procedures can be performed on minors, the law requires parental permission. As parent or guardian, you are asked to sign the following consent that will allow medical procedures to be carried out promptly and without unnecessary delay. Except in emergencies, no medical operations will be performed without the parent or guardian being contacted and informed of the situation.

As the minor's parent or guardian, I have actual knowledge and appreciate that there are risks of bodily injury, such as cuts, sprains, concussions, and broken bones from one's participation in Upswing Clinics activities, and hereby voluntarily consent to the minor's participation in clinic/instructional activities and assume all risks of possible injury. I also hereby assume the responsibility for payment of such treatment. I understand that Upswing Clinics does not provide medical insurance or coverage for participants and spectators.

RELEASE & WAIVER OF CLAIMS: In consideration of my child/dependent being permitted to attend and participate in Upswing Clinics activities, I, for myself, my child/dependent, my heirs, and personal representatives, do hereby waive, release, and discharge forever any and all claims for damages for bodily injury or death or damage or loss of property, that I or my child/dependent may have or that may occur subsequent to me or to my child/dependent against the clinic coordinators, coaches, volunteers, and all of Upswing Clinics' staff members arising from or attributable to my child/dependent's attendance at and participation in Upswing Clinics activities. Further, I hereby give Upswing Clinics, and representatives, permission and a release to use as necessary my child's/dependent's name and photograph to promote and advertise Upswing Clinics indefinitely. I have read, or have had read to me, this release and waiver of claims statement and understand and voluntarily agree to its provisions.

I, the undersigned, hereby represent to Upswing Clinics, clinic coordinators and coaches that I am the legal parent/guardian of the child hereby registered for Upswing Clinics.

Signature of Parent/Guardian _____ Date _____

Printed Name of Parent/Guardian _____