



Coach T Sports
Release, Authorization, Informed Consent & Waiver Agreement

Parent/Guardian 1 (Print): _____ Parent/Guardian 1: Cell: _____

Parent/Guardian 2 (Print): _____ Parent/Guardian 2 Cell: _____

Emergency Contact (Print): _____ Emergency Contact Cell: _____

Child's Information: **Complete one form for each child.**

Childs First Name: _____ Childs Last Name: _____

Age: _____ Birth Date: _____ Circle One: Male Female

Are immunizations current? Circle One: Yes No

Parent/Guardian Authorization: I certify that, in advance of participation Coach T Sports LLC, I have received any and all information which I deem necessary or important in making an informed choice regarding my child/ward's participation in such activity or program. I acknowledge the risks inherent in my child's participation in activities. In consideration for Coach T Sports LLC, allowing my child/ward to participate in such activity or program, I hereby voluntarily agree to assume all risks of his/her participation in such activity or program. I understand that the Coach T Sports LLC program is not licensed and is not required to be licensed by the State. Coach T Sports LLC has been granted an exemption from licensing by the Department of Early Care and Learning. IN EXCHANGE FOR ALLOWING MY CHILD/WARD TO PARTICIPATE Coach T Sports LLC, I HEREBY AGREE TO RELEASE AND HOLD HARMLESS Coach T Sports LLC, it's owner, employees, directors and volunteers, from any loss, liability, claim of bodily injury or death or property damage, or costs which may arise due to my participation in Coach T Sports LLC, including claims arising out of negligence of Coach T Sports LLC, its owner, employees, directors, and volunteers. This agreement shall be governed by the laws of Georgia. The health information about my child that I have provided to Coach T Sports LLC is complete and correct so far as I know. My child has permission to engage in all prescribed activities.

Authorization of Treatment: I hereby give my permission to the medical personnel selected by the Coach T Sports LLC. to secure emergency medical treatment including but not limited to, first aid, CPR, admission to any hospital, tests, surgery or general anesthesia, so long as care is provided by persons or facilities licensed in the state in which such treatment is rendered. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the owner to secure and administer treatment, including hospitalization, for the child named above. I further acknowledge that any medical treatment ordered is my financial responsibility and not that of Coach T Sports LLC, its owner, volunteers or employees.

Acknowledgement of Policies & Guidelines: By signing below, I acknowledge that I have read the above information, and that I understand the policies and guidelines of the program and I agree to abide by them. Should I have any questions or concerns, I will contact Coach T Sports LLC. I understand that Coach T Sports LLC makes every effort to provide a quality program, but additionally it is important that participants and parents follow all rules, guidelines and procedures for the program to be a successful experience for all.

Publicity Release: I grant permission for Coach T Sports LLC to use or publicly display me/my child's photograph, video, audio clip, activities or achievements on its Web site(s), social media (such as Facebook, Twitter, Instagram or similar), or in other official Coach T Sports LLC publications without further notice for any purpose deemed acceptable to Coach T Sports LLC. I acknowledge Coach T Sports LLC has the right to crop, edit, or treat the photograph, video, or audio clip of me/my child at its discretion.

Signature of Parent/Guardian: _____ Date: _____